



Mount Saint Joseph High School  
4403 Frederick Avenue  
Baltimore, Maryland 21229-4199  
410-644-3300 / [www.msjet.edu](http://www.msjet.edu)

**DEAR MT. ST. JOSEPH PARENT / GUARDIAN:**

Please complete the following form and have your son return it to his coach as soon as possible.

NAME(Son) \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENTS / GUARDIAN \_\_\_\_\_

WORK / CELL PHONE \_\_\_\_\_

WHOM TO CONTACT IN AN EMERGENCY \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

INSURANCE COMPANY & POLICY HOLDER \_\_\_\_\_

POLICY AND GROUP NUMBER \_\_\_\_\_

INSURANCE COMPANY PHONE NUMBER \_\_\_\_\_

ANY PERTINENT MEDICAL INFORMATION \_\_\_\_\_

The Mount Saint Joseph Coaching Staff instructs all of its players in proper fundamentals and techniques to insure the utmost safety for everyone involved in its athletic program. MSJ equipment is continually updated and every player is properly fitted to meet all of the safety specifications. Your son's safety is prioritized above all else. However, participation in any sport can be dangerous in nature involving MANY RISKS OF INJURY.

As a parent / guardian I, \_\_\_\_\_, specifically acknowledge that contact may occur in any sport, thus, increasing the chance for injury.

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date