

ST. MARY'S ATHLETICS

Liability Waiver Form

St Mary's International School Tokyo
1-6-19 Seta, Setagaya-ku,
Tokyo, Japan
158-8668

Tel. No. (Main Office): 03-3709-3411

My son _____ is a member of the St. Mary's
_____ team. In the event of sickness or injury
requiring aid or medical treatment, I hereby appoint _____
(coach/supervisor) and the medical officer-of-the-day at the nearest facility to
act as my representative for the medical care of my dependent listed above.

Signature of Parent _____ Date: _____

Telephone number where I can be contacted in case of emergency:
