



ATHLETIC PARTICIPATION PERMIT

Student's Name _____ Birth Date _____
Address _____ Home Phone _____
City _____ Zip _____
Parent/Guardian Name _____ Signature _____

To the Parent or Guardian:

In order that your child may participate in various School athletic activities including the regular physical education class program, it will be necessary for you to give your written consent.

Permission is given for your child to participate in all Athletic and Physical Education Activities. Please note any exceptions:

It is understood that time after school will be required for practice and competition. The School will provide proper and reasonable supervision at practice and games and, in travel to and from such practice and games. Beyond this point of proper supervision, the School cannot assume responsibility or liability for injuries.

A student is financially responsible for the replacement cost of athletic equipment and uniforms which are not returned within ten (10) days after the close of a given season.

In order to participate in Athletic and Physical Education activities the student must have accident insurance coverage in effect.

Insurance Company _____ Policy # _____
Expiration date _____

The Athletic Director may apply first aid treatment until the family doctor can be contacted: YES NO

We give our consent for the Athletic Director to use his own judgment in securing medical aid and ambulance service in case the parents/guardians cannot be reached: YES NO

I have read the above statements and hereby give my written consent:

Signature of Parent or Guardian

Date