

A5072

ATHLETIC PARTICIPATION PERMISSION SLIP

I, _____, grant permission for my child,
_____, to participate in the *Volleyball*
Program at Saint Patrick School.

My child has been *examined by a physician* within the current school year and is medically approved to participate in this sport's program. A *copy of this medical approval* has been given to the school.

My child has the following *allergies/medical condition* that the Coaching Staff should be aware of (if any, please explain):

Should my child need *medication* during a practice session or a game, he/she is able to *administer necessary medication himself/herself*. I understand and agree that the Coaching Staff will not be responsible for administering any medications.

I have filed the necessary *forms for the Self-Administration of Medication* as indicated in the Administrators Manual.

Signature

Date

Emergency Telephone Number

Doctor's Name

Doctor's Telephone Number

**ST. PATRICK SCHOOL ATHLETIC ASSOCIATION
VOLLEYBALL CONTRACT**

NAME _____ **GRADE** _____

ADDRESS _____ **PHONE** _____

PARENTS/GUARDIAN'S NAME(S) _____

PARENT/GUARDIAN CONSENT AND WAIVER OF CLAIM

AS PARENTS/GUARDIAN OF _____, WE/I REQUEST THAT ST. PATRICK SCHOOL ALLOW HIM/HER TO PARTICIPATE ON THE CROSS COUNTRY TEAM. WE/I ACKNOWLEDGE THAT EVEN WITH THE BEST COACHING, PROTECTIVE EQUIPMENT, AND OBSERVANCE OF RULES, INJURIES ARE A POSSIBILITY. WE/I HAVE READ AND UNDERSTAND THIS WARNING. WE, THE ABOVE NAMED STUDENT AND HIS/HER PARENTS/GUARDIAN, DO HEREBY WAIVE ANY AND ALL CLAIMS FOR DAMAGES AGAINST ST. PATRICK SCHOOL, PARISH, ATHLETIC ASSOCIATION, OR STAFF, IN CASE OF PERSONAL INJURY SUSTAINED BY THE ABOVE NAMED STUDENT. WE/I CONSENT TO THE RENDERING OF FIRST AID/EMERGENCY TREATMENT AT OUR/MY EXPENSE IN CASE OF INJURY TO THE ABOVE NAMED STUDENT. ALL MEDICAL BILLS WILL BE SUBMITTED TO OUR/MY INSURANCE COMPANY FIRST.

WE/I WILL PROVIDE FOR ALL TRANSPORTATION TO AND FROM THE PRACTICES AND GAMES. WE/I WILL SUPPORT THE ATHLETIC ASSOCIATION GUIDELINES AND ACTIVITIES AND AGREE TO VOLUNTEER TIME TO ASSIST WITH THE PROGRAM. WE/I AGREE TO PERSONALLY SUPERVISE CHILDREN WE/I BRING TO THE GAMES. WE/I AGREE TO PAY THE REQUIRED FEE.

SIGNATURE _____
PARENT/GUARDIAN

DATE _____

STUDENT DECLARATION

I, _____, REQUEST THAT ST. PATRICK SCHOOL ALLOW ME TO PARTICIPATE ON THE TRACK TEAM. I UNDERSTAND THAT I NEED TO MAINTAIN THE SPORTS ELIGIBILITY REQUIREMENTS IN ALL SUBJECTS, BECAUSE ACADEMICS COME FIRST. I WILL MAINTAIN A SATISFACTORY GRADE IN CONDUCT, BECAUSE I REPRESENT ST. PATRICK SCHOOL. AS A MEMBER OF THE TEAM, I WILL BEHAVE WITH A CHRISTIAN ATTITUDE AND HAVE A RESPECTFUL AND COURTEOUS MANNER AT ALL TIMES. I AGREE TO ATTEND EVERY PRACTICE AND GAME AND ADHERE TO ALL RULES. I WILL PROPERLY CARE FOR ALL EQUIPMENT. I HAVE READ AND UNDERSTAND THIS AGREEMENT AND REALIZE THAT ANY VIOLATION WILL RESULT IN THE FORFEITURE OF MY PRIVILEGE TO PARTICIPATE.

SIGNATURE _____
STUDENT

DATE _____

*IN ORDER TO PARTICIPATE, THIS FORM & THE MEDICAL FORMS MUST BE RETURNED TO THE SCHOOL OFFICE PROMPTLY WITH THE FEE.