

ST. ALOYSIUS SCHOOL ATHLETIC PARENT PERMISSION SLIP/TRAVEL FORM/MEDICAL RELEASE

I request that my child be permitted to participate in the following sports:

Check the sport athlete is signing up for now:

- Softball
Cross-Country
Basketball
Volleyball

My child, \_\_\_\_\_ has my permission to play in the above checked sport for the 2006-2007 school year.

I realize that:

- 1. My child must have a physical exam within the current school year.
2. Health insurance is my responsibility and I will provide proof of the same.
3. St. Aloysius School/Church is NOT liable for injuries incurred during this season.
4. A non-refundable, athletic activity fee, currently \$75.00, is required per sport.
5. A \$25.00 participation fee per sport played will be collected and refunded if items 6 and 7 are met.
6. I am required to work the Sport Booster's Concessions/Gates as needed.
7. I am required to participate in approved Sport Booster's fund-raiser(s) as needed.

I, \_\_\_\_\_ have read, understand and hereby agree to all the above provisions and to be governed by all St. Aloysius Athletic Policies.

Parent/Legal Guardian Signature: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

My child is covered by insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of Student's last physical: \_\_\_\_\_ If not current, date scheduled: \_\_\_\_\_

Physical form attached: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to travel with the Softball/Cross-Country/Basketball/Volleyball St. Aloysius' team to participate in games outside of Springfield in accordance with the applicable provisions of the St. Aloysius School Athletic Policy. I hereby release and save harmless St. Aloysius School from any and all liability for any and all harm that may occur during the course of travel.

Parent/Legal Guardian Signature: \_\_\_\_\_

This is to certify that I, parent/legal guardian of \_\_\_\_\_

A player on a St. Aloysius School team, hereby grant permission to the coaching staff of said team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent/legal guardian cannot be contacted in person or by telephone. This authorization will include all practices and games including the period required to travel to and from those activities.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

OVER OVER OVER OVER OVER OVER

FOR BOOSTER CLUB USE ONLY:

Table with 5 columns: Sport, Amount, Cash, Check #, Date Received. Rows for Softball, Cross-Country, Basketball, and Volleyball.

