

ATHLETIC PARENT PERMISSION SLIP

My child _____ (grade __ , rm __)

has my permission to play **BASKETBALL** for the 17/18 school year at Blessed Sacrament School. I agree to be governed by the Blessed Sacrament Athletic Policy, the Springfield Catholic Athletic Association, the Illinois Elementary School Association and the Parish Parental Agreement. I realize that -

1. My child **must** have had a physical examination within the past year of every practice or game.
2. Health insurance is my responsibility. Student must have insurance in order to play on a school team.
3. A fee of **\$75.00** must be paid **before** my child may attend practice.
4. No additional fee for uniform. Uniform must be returned after sport picture.
5. Blessed Sacrament School is NOT liable for injuries incurred this season.

Child's birthdate _____ Child's height (7th&8th only) _____

Special Health Concerns:

Emergency Phone Numbers:

Mother's name _____ phone number _____

Email _____

Father's name _____ phone number _____

Email _____

Friend or Relative in case you can't be reached:

Name _____ phone number _____

Name of health insurance company _____

Policy # _____

Name of physician _____

Hospital preference: _____

In the case of an accident or serious injury I give permission for the appropriate care to be given to my child until I can be reached.

Signature of parent/guardian

Date

physical date _____

payment amt. _____/check # _____