

ATHLETIC PERMISSION FORM

My child _____ (grade ____ , rm ____)

has my permission to participate in **BASEBALL** for the 15/16 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 in the past 12 months.
2. Health insurance is my responsibility. Student must have insurance in order to play on a school team.
3. A fee of **\$100.00** must be paid **before** my child may attend practice.
The cost includes uniform rental, 1 pair of socks and a hat. Uniform jersey needs to be returned after sports' pictures.
4. Blessed Sacrament School is NOT liable for injuries incurred this season.

Uniform shirts are rented and must be returned after the sport picture.

Child's birthdate _____ Shirt Size _____ Shoe Size _____ Hat Size _____

Special Health Concerns:

Mother's name _____ phone number _____
Email _____

Father's name _____ phone number _____
Email _____

Friend or Relative in case you can't be reached:
Name _____ (daytime phone number) _____
(evening 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

Gray baseball pants should be purchased on your own. Contact Mrs. Davis @ davis@bssbruins.org, if you want to purchase additional socks or hats.

office use :
physical date _____
payment amt. _____/check # _____
Ins. _____