

# ATHLETIC PERMISSION FORM

My child \_\_\_\_\_ (grade \_\_\_\_ , rm \_\_\_\_ )

has my permission to participate in **CROSS COUNTRY** for the 2015/16 school year on a cooperative team with St. Agnes & Blessed Sacrament Schools. I agree to be governed by the Blessed Sacrament Athletic Policy, 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 12 months of each 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 **\$50.00** must be paid **before** my child may attend practice. This fee does not include uniform.
4. The cost of the uniform is the responsibility of the participant. **St. Agnes receives orders and payments for uniforms only.**
5. Blessed Sacrament School is NOT liable for injuries incurred this season.

Child's birthdate \_\_\_\_\_

Special Health Concerns:

Emergency Phone Numbers:

Mother's phone number (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Father's phone number (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Email address - \_\_\_\_\_

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

**office use :**

physical date \_\_\_\_\_

Ins. \_\_\_\_\_

payment amt. \_\_\_\_\_/check # \_\_\_\_\_