

# ATHLETIC PARENT PERMISSION SLIP

My child \_\_\_\_\_ (grade \_\_ , rm \_\_ )  
has my permission to play **GOLF** 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 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 **\$50.00** must be paid **before** my child may attend practice.
4. There may be an additional fee for uniform.
5. Blessed Sacrament School is NOT liable for injuries incurred this season.

Child's birthdate \_\_\_\_\_ Polo Shirt Size \_\_\_\_\_  
(if student does not have team shirt)

Special Health Concerns:

Emergency Phone Numbers:

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

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

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

physical date \_\_\_\_\_  
payment amt. \_\_\_\_\_ check # \_\_\_\_\_