

SPORTS PERMISSION FORM

SPORT: Cross Country– GRADE: 5th, 6th, 7th, 8th

COACHES: Gregg Rose childdds@yahoo.com

TEAM MEETING: NEW GYM 2:30 p.m. TUESDAY, MAY 24, 2011

STUDENT NAME _____ BIRTH DATE _____
ADDRESS _____ CITY _____ STATE _____
PARENT/GUARDIAN _____ HOMEPHONE _____
E-MAIL ADDRESS _____
ADDRESS _____ WORKPHONE _____
PERSON(S) (other than parent) TO NOTIFY IN CASE OF EMERGENCY
NAME _____ PHONE _____

PARTICIPATION FEE \$50.00

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor.

I am aware that participating in sports will involve travel to practices and games. I acknowledge and accept the risks involved with my child’s travel. I further understand that participation in sports presents to my child the risk of harm, including, but not limited to, serious personal injury or death. Any questions I have concerning my child’s participation have been answered.

In consideration of my child being allowed to participate in the sport(s) indicated above, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Catholic Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys’ fees) arising from or related to my child’s participation. Additionally, I give my consent and approval for my child’s name and picture to be printed in any sports program, publication, or video.

As a parent/guardian, I further acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering important learning experiences for the students. Therefore, I will show respect for all players, coaches, spectators, and officials. I will only participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by a Catholic school, and accept the responsibility that comes with being a parent/guardian of a student athlete.

PARENT/GUARDIAN NAME(please print) _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ALL FORMS MUST BE RETURNED WITH THE REGISTRATION FEE BY MAY 23, 2011. CURRENT PHYSICALS MUST BE ON FILE BEFORE A STUDENT IS ALLOWED TO PARTICIPATE IN WORKOUTS, PRACTICES, OR GAMES BEGIN. PRACTICE STARTS MONDAY, AUGUST 1, 2011. GAMES BEGIN ON SATURDAY, AUGUST 13, 2011.

For Office Use ONLY: Date Submitted _____ *Check #* _____ *Amt. Pd.* _____