

# ATHLETIC PERMISSION FORM

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

has my permission to participate in **VOLLEYBALL** for the 11/12 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 \$50.00 must be paid **before** my child may attend practice.
4. The cost of the uniform is the responsibility of the participant.
5. Blessed Sacrament School is NOT liable for injuries incurred this season.

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

Does your child have a jersey? Yes No Number # \_\_\_\_\_

Special Health Concerns:

Date of last health physical \_\_\_\_\_ (A copy of physical must enclosed or on file in the school office.)

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

