

# ATHLETIC PARENT PERMISSION SLIP

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

has my permission to play **BASKETBALL** 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 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 (per sport) must be paid **before** my child may attend practice.
4. Blessed Sacrament School is NOT liable for injuries incurred this season.
5. There will be an additional fee if a uniform is ordered.

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

Does your child have the uniform jersey? Yes No Jersey # \_\_\_\_\_

If you answered no, what size does your child wear?

SHIRT Youth lg. x-lg. Adult Sm. Med. Lg. X-lg.

SHORTS Youth lg. x-lg. Adult Sm. Med. Lg. X-lg.

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 # \_\_\_\_\_