

ATHLETIC PERMISSION FORM

My child _____ (grade __ , rm __)

has my permission to participate in **CROSS COUNTRY** for the 11/12 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. Payments for fee &/or uniforms should be given to A.D. at B.S.S., not St. Agnes A.D. or coaches.
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 _____

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

Uniform Required (Track & cross country use the same uniform.)

office use :

physical date _____

Ins. _____

payment amt. _____ /check # _____