

# ATHLETIC PARENT PERMISSION SLIP

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

has my permission to play **BASKETBALL** for the 18/19 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 12 months, and a concussion form signed and on file in the school office.
2. Health insurance is my responsibility. Student must have insurance in order to play on a school team.
3. A fee of **\$100.00** must be paid **before** my child may attend practice.
4. No additional fee for uniform. Uniform must be returned after sport picture.
5. Blessed Sacrament School is NOT liable for injuries incurred this season.

Child's birthdate \_\_\_\_\_ Child's height (7<sup>th</sup>&8<sup>th</sup> only) \_\_\_\_\_

Special Health Concerns:

Emergency Phone Numbers:

Mother's name \_\_\_\_\_ phone number \_\_\_\_\_

Email \_\_\_\_\_

Father's name \_\_\_\_\_ phone number \_\_\_\_\_

Email \_\_\_\_\_

Friend or Relative in case you can't be reached:

Name \_\_\_\_\_ 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 # \_\_\_\_\_