

ATHLETIC PERMISSION FORM

My child _____ (grade __ , rm __) has my permission to

participate in **Wrestling** for the 2018-19 school year on a cooperative team with other Catholic Grade Schools and Blessed Sacrament School. 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. This fee does not include additional uniform.
4. Blessed Sacrament School is NOT liable for injuries incurred this season.

Child's birthdate _____

Special Health Concerns:

Emergency Phone Numbers:

Mother's name and phone number _____

Email address- _____

Father's name and phone number _____

Email address - _____

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

office use :
physical date _____

payment _____/check # _____