



**Athletics Permission Form
2023-24**

Name of Athlete _____ Grade _____

Sport: Basketball _____ Soccer _____ Field Hockey _____ Running Club _____ (no fee for running club)

Insurance

The following information must be completed and signed by the appropriate parent or guardian and turned in to the main office before participation in student athletic activities will be allowed. If the following information is not complete, this form will be returned to you.

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell/Emergency Phone Number: _____

Email Address: _____

All students participating in student athletic activities at St. Patrick must have their own medical coverage. Students will not be allowed to participate in student athletic activities unless the following information is submitted and the form is signed by the parent or the guardian of the student.

Insurance Company: _____

Policy Holder: _____

Policy and Group Number: _____

Address or phone number of insurance company:

Signature of Parent or Guardian: _____

Athletic Fee (*Please make payable to St. Patrick School with specific sport in Memo Line*)

_____ \$50 for Soccer, Basketball, Field Hockey (no fee for Running Club)

Check # _____ Date Paid _____

Read Reverse and Sign

Wavier of Liability

We, the undersigned, hereby certify that I (we) am (are) *the* parent or legal guardian of the student. I hereby give permission to the staff of St Patrick Catholic School to seek during the period of school athletic activities, appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student's insurance policy detailed on page 1 of this form. I/We the undersigned, *for* ourselves, our heirs, our executor and administrator, waiver, release, and forever discharge St Patrick Catholic School and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or 'related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while at school.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____