



ATHLETICS

PARENT'S PERMISSION FORM FOR STUDENT- ATHLETE'S PARTICIPATION IN DANCE TRYOUTS

We, the undersigned parents/guardians of _____ ask that our daughter be allowed to participate in **2018-2019 DANCE TRYOUTS on May 11 & May 12 (MAY 14 MAKE-UP DATE)**

I/We agree to release, indemnify and hold harmless the Academy of Our Lady of Peace, its teachers, chaperones, counselors and coaches from any liability including negligence of the Academy of our Lady of Peace and claims for loss, damage, injury, accident, or irregularity or delay in connection with the OLP DANCE TRYOUTS.

The undersigned has/have consented to the above named student-athlete's participation in OLP's DANCE TRYOUTS by executing the registration process online.

I hereby give consent for the above named to participate in the **OLP DANCE TRYOUTS** and I give permission for medical treatment.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT:

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

ATHLETIC EMERGENCY CARD

(I) (We), the undersigned, parent(s), and legal guardian(s) of:

Student Name:

Age:

Current Grade:

Birthdate:

a minor, do hereby authorize the Academy of our Lady of Peace Coaching Staff, as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also authorize evaluation and first aid treatment of interscholastic injuries on the field.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the above mentioned physician in the exercise of his/her best judgment may deem advisable.



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This authorization is given pursuant to the provisions of Section 25.B of the Civil Code of California.

This authorization shall remain effective until completion of the **OLP DANCE TRYOUTS** on **2018-2019 DANCE TRYOUTS on May 11 & May 12 (MAY 14 MAKE-UP DATE)**

FATHER'S NAME:		DAY PHONE:
MOTHER'S NAME:		DAY PHONE:
LEGAL GUARDIAN:		DAY PHONE:
EMERGENCY CONTACT:		DAY PHONE:
RELATIONSHIP:		
List any known health considerations, allergies, etc:		
FAMILY PHYSICIAN:		PHONE:
HOSPITAL PREFERENCE:		

PARENT'S INSURANCE SECTION: (Required by Education Code, Section 32220-32224)

My medical coverage policy for at least \$1,500 is issued by

NAME OF INSURANCE COMPANY

POLICY/CERTIFICATE NUMBER

I/WE further assure that the insurance policy or policies I hereby verify will remain current and in force during the time the above named student performs any function during the **OLP DANCE TRYOUTS**. I will notify the school should my insurance coverage change during the event.

I/we also agree to indemnify and hold the Academy of Our Lady of Peace harmless against responsibility for insurance coverage required under the aforementioned legal sections. By signing this statement, I agree to accept responsibility for all medical costs for injuries sustained by the above-named student while participating in the **OLP DANCE TRYOUTS**.

I have read and agree to the above statements,

Parent / Guardian Signature

Date