

Athlete's Name _____ Grade _____

ARCHDIOCESE OF LOS ANGELES AND SAINT PHILIP THE APOSTLE

DEPARTMENT OF CATHOLIC ELEMENTARY SCHOOLS

ATHLETIC ACTIVITY AND FIELD TRIP PERMISSION FORM

Athletic Activity: (circle all that apply)

Flag Football Girls' Volleyball Boys' Basketball Girls' Basketball Boys' Volleyball Girls' Softball Cross Country Track

Level: (circle one)

Varsity

Junior Varsity/B

Novice

I, the Parent/Guardian of the above named child, hereby give my permission for his/her participation in the athletic activity/ies indicated above. I agree to direct my child to cooperate and conform to the directions and instructions of parish, school, or archdiocesan personnel responsible for the athletic activity. I understand that the educational objective of the athletic event/field trip is physical development.

I acknowledge that transportation to and from the athletic event, including practices, is the sole responsibility of the parent/guardian.

I request that the above named child be permitted to participate in the athletic field trips/events indicated above. I agree that in the event my child is injured as a result of his/her participation in the above listed athletic activity, including transportation to and from this activity, whether or not caused by the negligence (active or passive) of the parish/school or archdiocesan athletic program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be made against any accident, hospital or medical insurance or any available benefit plan of mine or any other adult financially responsible for my child. I hereby give my permission to the physician selected by the athletic supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

I am not aware of any medical condition of my child that renders it inappropriate for him/her to participate in any such activity.

Parent/Guardian Name – PRINT

Parent/Guardian Signature

Home Address - Street

Home Telephone Number

Home Address – City, State, Zip

Cell Phone

EMERGENCY CONTACT: _____

Name and Number