

PERMISSION TO PARTICIPATE IN SAINT ANDREW SCHOOL SPORTS

Girls and Boys Grades Entering 4* - 8

School Year _____

6-8th BOYS BASEBALL____ 5-8 GIRLS SOFTBALL____ CROSS COUNTRY____
BASKETBALL____ GIRLS VOLLEYBALL____ TRACK____

Students are not allowed to participate in 2 different school sports at the same time.

(Check each sport that your child may participate in.)

(Please Print)

Student's Name _____ Grade _____

Birth Information _____ Last _____ First _____

Parents' Names _____ (DOB) _____ County _____ City _____ State _____

Address _____

Telephone _____ Cell Phone (mother) _____ (father) _____

E-Mail Address mother) _____ (father) _____

If I cannot be reached in case of an emergency, please notify the following party:

Name _____

Address _____

Telephone _____ Cell Phone _____

Doctor's Name and Telephone _____

Hospital Preference _____

Health Insurance Company Name _____

I give my permission for Saint Andrew School coaches to seek medical attention for my child if I or the second party cannot be reached.

I give permission for the above named student to participate in the above marked Saint Andrew School Athletic Program. I understand that Saint Andrew School and or/Parish is not responsible for any injury which may occur. I take full responsibility for my child's participation in this program. I further understand that parents are responsible for transportation to/from games.

(Parent's Signature)

(Date)