

St. Mary's Catholic School

Athletic Participation Permit and Insurance Release

Student Name: _____
Date of Birth: _____ Grade: _____ Gender: _____
Home Phone Number: (_____) _____
Parent Cell Number: (_____) _____
Home Address: _____
Parent Email: _____

Parent Permission:

As parent or legal guardian, I give my consent for the above named student to participate in the athletic program at St. Mary's Catholic School, both at home and away from home. I further agree that in case of injury, the coaches have my permission to render first aid and to secure such emergency medical services as they deem necessary.

Parent or Legal Guardian Signature: _____

Insurance Information:

As parent or legal guardian, I understand that MY INSURANCE POLICY WILL BE USED TO DEFRAY the medical and/or hospital expense resulting from athletic injury to the above named pupil and I authorize the use of my insurance policy for this purpose. Insurance is not provided by the school.

Name of Health Insurance Company:

Name of Family Physician:

Parent or Legal Guardian Signature:

Date: _____