



SS. Peter & Paul School
 ~ The Cornerstone of the Community ~
 68 East Main Street
 Hamburg, NY 14075
 www.spphamburg.org

PARENT PERMISSION FOR SPORTS PARTICIPATION

Date _____ Grade: _____

Student Name _____ DOB: _____

Name of Parent/Guardian(s) _____

Address _____

Home Phone _____ Cell/Work Phone _____

_____ has my permission to participate in _____ during the school year _____. He/she will be expected (sport) to attend all scheduled practices and games. If needed, I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.

In case of an emergency and I cannot be reached, call:

Name _____ Phone _____

Relationship to student _____

or

Name _____ Phone _____

Relationship to student _____

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

My child has received a medical release to participate in _____ and (sport) he/she has been in good health since, having no accidents or major illnesses.

Please indicate any allergies or health conditions that we should be aware of: _____

Parent Signature _____ Date _____