

ATHLETIC PARENT PERMISSION SLIP

My child _____ (grade __ , rm __)

has my permission to play **SOFTBALL** for the **19/20** school year at Blessed Sacrament School. I agree to be governed by the Blessed Sacrament Athletic Policy, the Springfield Catholic Athletic Association, the Illinois Elementary School Association and the Parish Parental Agreement. I realize that -

1. My child **must** have had a physical examination in the past 12 months and a concussion form signed and on file in the school office.
2. Health insurance is my responsibility. Student must have insurance in order to play on a school team.
3. A fee of **\$100.00** must be paid **before** my child may attend practice. The cost includes uniform rental, and a hat.
4. Blessed Sacrament School is NOT liable for injuries incurred this season.

Uniform shirts are rented and must be returned after the sport picture.

Child's birthdate _____ Shirt size _____ Hat Size _____

Special Health Concerns:

Mother's name _____ phone number _____

Email _____

Father's name _____ phone number _____

Email _____

Friend or Relative in case you can't be reached:

Name _____ (daytime phone number) _____

(evening phone number) _____

Name of health insurance company _____

Policy # _____

Name of physician _____

Hospital preference: _____

In the case of an accident or serious injury I give permission for the appropriate care to be given to my child until I can be reached.

Signature of parent/guardian

Date

St. Agnes is the lead coop school, so we use their uniforms. The coaches will let you know the requirements regarding pants and socks.

office use :

physical date _____

payment amt. _____/check # _____

Ins. _____