

# ATHLETIC PERMISSION FORM

My child \_\_\_\_\_ (grade \_\_ , rm \_\_ )

has my permission to participate in **TRACK** 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.
2. Health insurance is my responsibility. Student must have insurance in order to play on a school team.
3. A fee of **\$50.00** must be paid **before** my child may attend practice. The \$50 athletic fee includes the uniform rental.
4. The additional cost for the uniform is the responsibility of the participant. Track and cross country have same uniform.
5. Blessed Sacrament School is NOT liable for injuries incurred this season.

Child's birthdate \_\_\_\_\_

Special Health Concerns:

Mother's Name \_\_\_\_\_ Mother's phone number \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's phone number \_\_\_\_\_

Email addresses - \_\_\_\_\_

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

Name \_\_\_\_\_ 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

physical date \_\_\_\_\_  
payment amt. \_\_\_\_\_/check # \_\_\_\_\_