

ATHLETIC PARENT PERMISSION SLIP

My child _____ (grade ____, rm ____) has my permission to play **BASKETBALL** for the 2020/2021 school year at Blessed Sacrament School and is in grades 5-8. 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 within 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.
4. Blessed Sacrament School is NOT liable for injuries incurred this season.

Uniform must be returned after sport picture.

Child's birthdate _____ Child's height (7th&8th only) _____

Special Health Concerns: _____

Emergency Phone Numbers:

Mother's name _____ phone number _____

Email _____

Father's name _____ phone number _____

Email _____

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 # _____