

# ATHLETIC PARENT PERMISSION SLIP

My child \_\_\_\_\_ (grade \_\_, rm \_\_) has my permission to play **VOLLEYBALL** for the 2020/2021 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 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 # \_\_\_\_\_