

Volleyball

Saint Peter School Athletic Participation Permission

Student name: _____ Grade _____
First Last

Birthday _____ (This is important for the CSAL)

Parent name: _____ Phone _____ (home) _____ (cell)

Parent email address: _____

RELEASE OF LIABILITY

As a participant in any of the 2019 - 2020 athletics, I, the undersigned parent/guardian of _____, do hereby relieve to St. Peter School and its employees from any liability for any accident, which might occur while my child is participating in the SPS athletics. My child has had a physical examination within the last year and has been found physically capable of participation in this program. Therefore, I grant any coach or team parent as necessary, permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I understand it is my own responsibility to cover my child (children) with medical insurance, and I assume full financial responsibility for any medical treatment administered to my child as a result of his participation in athletic programs..

Parent/Guardian Signature

Date

Printed Name

ATHLETIC FEES

Athletic fees are used to defray the costs of running the athletic programs. These costs include referees, concessions, league participation fees and equipment.

The fee will be **\$50.00 per athlete**. Make checks payable to St. Peter School. Return forms to your homeroom teacher.

UNIFORM SIZE

Jersey Size (Circle one)

Youth small

Youth medium

Youth large

Adult small

Adult medium

Adult large

All uniforms **tops** must be returned washed, folded at the end of the season. Announcements will be made as reminders for the uniforms. Please return the form and remittance to your child's homeroom teacher.
