SAINT THOMAS THE APOSTLE SCHOOL
SPORTS PERMISSION SLIP

I hereby give permission for my child to engage in sports at Saint Thomas the Apostle School.

I am familiar with the common hazards of sports and fully understand the dangers associated with them. I hereby release and discharge Saint Thomas the Apostle School, Parish, G.R.A.C.E.A.C., and the Catholic Elementary Sports League, its agents, employees, and officers, from all liability whatsoever for personal injuries or damage to property arising out of the sports activities on the premises at school or at any other location where games or practices are conducted or in transportation to or from contests at other locations.

I understand that I am responsible for all equipment issued to my athlete and I personally guarantee to return it at the close of the season and to make restitution for any undue damage or loss of equipment. I will be responsible for the maintenance of the uniform issued to my son or daughter.

I understand that it is my responsibility to provide medical and insurance coverage for my child in case of accidental injury. Saint Thomas the Apostle School or any of its agents or coaches will not be responsible for medical bills incurred due to injury to my athlete. My child is presently covered by the following medical policy:

NAME OF COMPANY_____

POLICY NUMBER_____

I understand that my child will not be allowed to begin practice or play sports unless this consent and physical form (dated April 15th or later) are completed and on file with the Athletic Director.

I understand that belonging to a team is a privilege that may be denied for disciplinary or academic reasons by the principal, teacher, or coach.

_____   _____   _____

Athlete's Last Name (Print), First & Middle Initial   Grade   Birthdate

_____   _____

Home Phone   Home Address

List any conditions we should be aware of: i.e. epilepsy, diabetes, allergies, etc…
_____
_____

Parent/Guardian Name(s)   Home Phone   Cell Phone

_____   _____   _____

_____   _____   _____

PLEASE CIRCLE SPORTS YOU HAVE GIVEN PERMISSION FOR YOUR CHILD TO PARTICIPATE IN:

Football	Sideline Cheer	Volleyball	Soccer	Cross Country
Basketball	Competitive Cheer	Wrestling		
Baseball	Softball	Track	Lacrosse	Tennis

Dated_____   _____

Signature of Parent or Guardian

Rev. 04-08-18