

St. Joachim Athletic Permission Form

STUDENT NAME: _____

SPORT TO BE PLAYED (CIRCLE ONE OR MORE):

SOCCER VOLLEYBALL BASKETBALL

DATES: Soccer and Volleyball: August-October; Basketball: October-February

METHOD OF TRANSPORTATION: PROVIDED BY PARENTS (CARPOOLING)

STUDENT COST: \$20 per sport plus possible jersey fees

If you would like your child to participate in this event, please complete, sign and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place on and away from the school grounds and that my child is under the supervision of the designated school employee/volunteer at the designated times and dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

STUDENT BIRTHDATE: _____ **2017-2018 GRADE:** _____

SCHOOL ATTENDING OR PSR: _____

PRINT PARENT NAME: _____

PARENT SIGNATURE: _____ **DATE:** _____

PHONE NUMBER: _____ **ALT. NUMBER:** _____

EMAIL: _____

My student DOES/DOES NOT have a medical condition that may affect their participation in the event above. **LIST:** _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

CELL PHONE: _____