

**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:** \$25 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:** \_\_\_\_\_ **2018-2019 GRADE:** \_\_\_\_\_

**SCHOOL ATTENDING OR PSR:** \_\_\_\_\_

**STUDENT SHIRT SIZE:** \_\_\_\_\_

**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:** \_\_\_\_\_