

St. Joachim Athletic Permission Form 2024

STUDENT NAME: _____

SPORT TO BE PLAYED:

TRACK-Grades 1-8

DATES AND TIMES TO BE DETERMINED

METHOD OF TRANSPORTATION: PROVIDED BY PARENTS(CARPOOLING)

STUDENT COST: \$30 (PLUS POSSIBLE JERSEY COST)

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.

PRINT PARENT NAME: _____

PARENT SIGNATURE: _____ **DATE:** _____

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

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: _____