Saint John's Catholic Prep

ATHLETIC PERMISSION/INSURANCE FORM

Name: _____ _____
Last **First** **Middle**

Address: _____
Street **City** **State** **Zip Code**

_____ _____ _____ _____
Home Phone **Date of Birth** **Age** **Grade**

To the Parents/Guardians:

In order that your son, daughter, or ward may participate in various school athletic activities other than those carried on as part of the regular physical education class program, it will be necessary for you to give your written consent.

Permission is given for my son, daughter or ward to participate in the following sport/sports: _____.

It is understood that time after school will be required for practice and competition. The school will provide proper and reasonable supervision at practice and games and travel to and from such practice and games. Beyond this point of proper supervision, the school cannot assume responsibility for injuries.

A student is financially responsible for the replacement cost of athletic equipment and uniforms which are not returned within 10 days after the close of a given season.

In addition, it is recognized that the student must comply with the eligibility regulations governing St. John's Catholic Prep athletics.

In order to participate in interscholastic activities, the student must have accident insurance coverage in effect. (Please check below)

_____Student is covered by school insurance.

_____Blue Cross/Blue Shield - Policy # _____

_____Other commercial insurance - Company and Policy #_____

The team physician, trainer, and coach may apply first aid treatment until the family doctor can be contacted _____Yes _____No. We give our consent for coaches, trainers, and team physicians to use their own judgement in securing medical aid and ambulance service in case the parents/guardians cannot be reached _____Yes _____No.

I have read the above statement and hereby give my written consent.

Date: _____ **Signed:** _____

PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL OFFICE WITH YOUR PHYSICAL.

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