

Presentation of Mary Academy

Private Catholic Coeducational Academy Pre-Kindergarten through Grade 8

AFTER SCHOOL SPORTS PROGRAM PERMISSION FORM

CHILD'S INFORMATION:

CHILD'S NAME _____
GRADE and TEACHER'S NAME _____
PERSON TO CONTACT _____
TELEPHONE NUMBER OF CONTACT PERSON _____

Please notify Presentation of Mary Academy staff or other persons associated with the After School Sports Program, if your child has pertinent medical history that could affect play or medical treatment.

PARENT'S OR GUARDIAN'S INFORMATION

FATHER'S NAME _____
FATHER'S ADDRESS _____
FATHER'S HOME TELEPHONE NUMBER _____
FATHER'S WORK OR CELL PHONE NUMBER _____

MOTHER'S NAME _____
MOTHER'S ADDRESS _____
MOTHER'S HOME TELEPHONE NUMBER _____
MOTHER'S WORK OR CELL PHONE NUMBER _____

PARENT'S OR GUARDIAN'S PERMISSION TO PLAY:

I request that Presentation of Mary Academy allow my child _____
to participate in all of the following the After School Sports Programs for the school year.

____ CROSS COUNTRY) ____ CYO BASKETBALL ____ VOLLEYBALL
____ SOCCER ____ CHEERLEADING ____ INSTRUCTIONAL BASKETBALL
____ TRACK & FIELD ____ SOFTBALL ____ BASEBALL

*2nd or 3rd through 8th, depending on child's ability level and coaching situations.

**If coaching help is available, grades T.B.D. by the coaches.

I, the undersigned parent or guardian, agree to hold harmless Presentation of Mary Academy, its employees, and all other persons associated with the After School Sports Program from any claim for damages resulting to my child during this activity, or during transportation to or from such activities unless said injuries were proven to be the result of the negligence of Presentation of Mary Academy or its agents. Furthermore, I agree to have my child treated for emergency medical or dental problems that should result from injuries received, providing a licensed physician or dentist advises such treatment. I accept full responsibility for all costs of such emergency treatment.

(Signature of Parent or Guardian)

Date

_____ Yes, I would like to help coach a team. Sport(s) of interest: _____.

Athletic fee enclosed: \$ _____ Check # _____ (See attached letter for details)

Please enclose check made out to PMA for Athletic Fee (\$50 or \$25)

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