



Presentation of Mary Academy

Private Catholic Coeducational Academy 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 2007-2008 school year.

_____ CROSS COUNTRY RUNNING (3rd -8th) _____ CYO BASKETBALL*
_____ CHEERLEADING* _____ INSTRUCTIONAL BASKETBALL (3rd - 6th)
_____ TRACK & FIELD (5th -8th) _____ SOFTBALL(2nd -5th)** _____ BASEBALL (1st -3rd)**

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

**If coaching help is available.

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)**