

# Presentation of Mary Academy

*Private Catholic Coeducational Academy Pre-Kindergarten through Grade Eight*

## 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 \_\_\_\_\_ FATHER'S WORK OR CELL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_  
MOTHER'S ADDRESS \_\_\_\_\_  
MOTHER'S HOME TELEPHONE \_\_\_\_\_ MOTHER'S WORK OR CELL \_\_\_\_\_

### **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 2010-11 school year.

- \_\_\_\_\_ CROSS COUNTRY (Grades 3-8 some meets require the student be in Grade 5 or higher)
- \_\_\_\_\_ LACROSSE
- \_\_\_\_\_ CYO BASKETBALL (GRADES 2-8)
- \_\_\_\_\_ VOLLEYBALL (Grades 6-8)
- \_\_\_\_\_ SOCCER (Instructional Grades PK-4)
- \_\_\_\_\_ CHEERLEADING (Grades 2-6)
- \_\_\_\_\_ INSTRUCTIONAL BASKETBALL (GRADES PK-2)
- \_\_\_\_\_ TRACK & FIELD (Grades 5 -8)
- \_\_\_\_\_ SOFTBALL (2<sup>nd</sup> -5<sup>th</sup>)
- \_\_\_\_\_ BASEBALL (1<sup>st</sup> -3<sup>rd</sup>)
- \_\_\_\_\_ SKI CLUB (Separate fees apply)

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 a check made out to PMA for \$75.00 Athletic Fee**

182 LOWELL ROAD • HUDSON, NH 03051 • (603) 889-6054  
www.pmaschool.org

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## PARENT-STUDENT ATHLETIC AGREEMENT

Presentation of Mary Academy congratulates you and your child for stepping forward to participate in the school's sports programs. By being a part of these athletic teams, you will be representing PMA out in the community, and with this representation comes certain responsibilities. Therefore, the administration and athletic department would like to clarify our expectations of you as participants in these programs. By signing and returning the bottom section of this document, you, the athlete, and your parents acknowledge the receipt of these standards and agree to abide by them.

1. PMA athletes should model exemplary behavior of sportsmanship and respect for their teammates, coaches, opponents' coaches, and the officials. The same Christian behaviors and attitudes required during school hours are also expected of athletes during practices and games. Bullying and harassment will not be tolerated. Please refer to PMA's "Parent-Student Handbook" for specific reference to this policy.
2. As student-athletes, PMA athletes must obtain certain academic standards in order to continue participation in these programs. Good grades must be maintained in all subject areas, including handwriting, spelling, deportment, and effort. PMA's academic standards may be found in the "Parent-Student Handbook". Reinstatement policies are also detailed.
3. If mandated by the Coach: ***Attendance of all practices and games is required.*** If an athlete has 3 unexcused absences, they will be temporarily suspended from the team until a parent can meet with the athletic director and/or principal to work out a solution to attendance problems. Illness or injuries are "excused" absences, but too much homework is not. Student-athletes must learn how to delegate their time if they are going to succeed in high school and beyond. If a student is in school, they will be expected to attend an after school practice unless they visit the nurse and she writes an excuse note for health reasons. If a student is involved in another PMA program (i.e., Choir, a second school sports team), which creates conflicts, the program advisors and coaches should come up with an attendance plan that is fair for both programs. Outside sports programs should never take precedent over school programs as dictated by NHIAA athletic policies. Any exceptions to this policy may be worked out individually with the coach and athletic director.
4. Our coaches are all volunteers, giving a great deal of time and effort to these programs. Please be prompt and respect the time the coach asks for arrival and pick-up of your athlete. Each coach will make available their home and/or cell phone numbers for any last minute emergencies. If parents are more than 15 minutes late for a pick up at school, students will be placed into the "after-school program" and parents will be responsible for paying those fees.
5. Certain fees are part of the participation in the athletic programs. The \$75 Athletic registration fee pays for team registrations, gym rentals, athletic equipment, awards, and tournament fees. Parents are responsible for uniform costs, and overnight accommodations in hotels for Championship games.

We are very happy to have all our athletes participating in these worthwhile programs. It will certainly make their educational experience at PMA even more memorable and fulfilling.

**Please return the acknowledgement form to the school office with your registration form and fee. Thank you!**

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I acknowledge that I have received a copy of PMA's "Parent-Student Athletic Agreement,"  
and I accept these terms of participation for PMA's sports programs.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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## SPORTS PARTICIPATION MEDICAL QUESTIONNAIRE

Name of Student \_\_\_\_\_ Teacher \_\_\_\_\_

1. Has the student had a routine health exam over the last year?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date \_\_\_\_\_

(Please file a copy of the physical form with the school nurse)

2. Are there any past or present injuries, chronic conditions, or illnesses which could influence your child's participation in this PMA sports program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have any allergies that we need to be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

4. Is your child currently taking any medications? No \_\_\_\_\_ Yes \_\_\_\_\_

Name of medications \_\_\_\_\_

5. Is your child covered by medical insurance ? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Phone # to be called to pre-authorize treatment? \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

I confirm that my child physically able to participate in PMA's sports programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_