

**2009-2010  
Permission Slip and Waiver for Sports Participation**

***DUE MAY 18, 2009***

ONE WAIVER SHOULD BE COMPLETED FOR EACH STUDENT

STUDENT'S NAME \_\_\_\_\_

GRADE OF STUDENT 2009-2010 \_\_\_\_\_

Sports Participation Fees for Fall Sports only are not due until July 29, 2009. They will be included on your school statement. The Winter and Spring sports fees will be billed to your account prior to the start of the sport. Please note on this form what sports you think your child will participate in for the 2009-2010 school year.

	<u>Fall Sports</u>	<u>Fee's payable in July</u>
___ Football	Grades 7,8 boys	\$45.00
___ Cheerleader/Pep Club	Grades 7,8 girls	\$75.00
___ Volleyball	Grades 5,6,7,8 girls	\$45.00
___ Cross Country	Grades 6,7,8 boys or girls	\$45.00
	<u>Winter Sports</u>	
___ Basketball	Grades 5,6,7,8 boys or girls	\$45.00
	<u>Spring Sports</u>	
___ Golf	Grades 6,7,8 boys or girls	\$50.00
___ Track & Field	Grades 6,7,8 boys or girls	\$45.00

Uniform jerseys are provided for all sports. All additional equipment for each sport is the responsibility of the student. All Football equipment, Volleyball knee pads, Cheer and Pep briefs, shoes, t-shirt, socks, hair bows and sweatshirt and golf clubs are the responsibility of the student.

**See waiver on back-side of this form**

**WAIVER**

**Does not take the place of a physicians physical**

My child has permission to participate in the sports program at Our Lady of the Holy Souls Catholic School and I have read and understand the purpose of the athletic program as stated in the Holy Souls Handbook.

I waive any and all damages and claims, which I might have against Holy Souls School and/or its representatives as a result of any injuries my child might receive while participating in sports. I will urge my son/daughter to have pride in representing Holy Souls School and encourage them to be loyal to their coach as well as their team.

Today's Date: \_\_\_\_\_

Name of Athlete \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Dad's Home Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Mom's Home Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Parent Signature \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE SCHOOL OFFICE BY MAY 18, 2009**

**A CURRENT PHYSICAL dated within a year prior to each sport MUST BE SUBMITTED TO THE ATHLETIC DIRECTOR BEFORE YOUR CHILD MAY PARTICIPATE IN ANY SPORT IN THE 2009-2010 SCHOOL YEAR.**