

ST. DUNSTAN 2016-2017 ATHLETICS PROGRAM PERMISSION SLIP

Student Name: _____ Grade: _____
Address: _____ City: _____
Home Phone #: (____) _____ Student's Cell Phone #: (____) _____

I hereby grant permission for my child to participate in: (circle one)

Baseball

Volleyball

Basketball

Track and Field

Fees: I understand there is a one-time \$225.00 ANNUAL REGISTRATION FEE and payment will be made directly to the school. This fee will allow my child to participate in one or all three school sports for this school year. The school Intramural Sports program for K through 3rd or our school Athletics program for 4th through 8th.

Parental Involvement Pledge: Our athletics programs require a large commitment on the part of all of our parent volunteers which include coaches, assistants, and athletic board members. To help with this workload, we require that all parents whose child (or children) participate in a sport volunteer at least 2 hours per family (1 hour for single parent households) toward each sport that the child(ren) participate in. Such volunteer opportunities may include scorekeeping, line judging, clock work, lining fields, or other related activities.

Photo Usage Policy and Release: By signing below, I/we ("undersigned") hereby approve the use by St. Dunstan Athletic Program of our child's(ren's) photo(s) for uses which might include the school yearbook, the website (www.stdunstan.org), school newsletters, and school promotional materials. I,/We, the undersigned hereby release(s) St. Dunstan Catholic School, the Archdiocese, and all related persons and entities from any liability regarding the school's use of said photo(s) as described above.

Archdiocesan Policy states no child be allowed to set foot on the court/field without a signed permission slip.

Parent Name (please print): _____
Work Phone #: (____) _____ Cell Phone #: (____) _____
E-mail address: _____

Emergency contact (other than parent): Name: _____
Home Phone #: (____) _____ Cell Phone #: (____) _____

Primary Care Physician's Name: _____ Phone #: (____) _____
Insurance carrier: I D #: _____ Group #: _____

Please list any known medical condition(s) that the coach(es) or administrators should be aware of:

Student Athlete Statement: I understand that by signing this document, excluding illnesses or injuries, I am committed to playing through the above designated season, or I will forfeit my opportunity to participate in the next St. Dunstan sport. Also, I will be responsible for the proper care of the equipment used and uniform issued for that sport.

Student Athlete Signature: _____ Date: _____

Parent Statement: St. Dunstan and/or their coaches are not responsible for any injuries to any player. In case of an injury, I authorize the coach to obtain medical treatment in my absence. I agree to pay for any equipment or uniform items provided to my child, which are either lost or damaged through neglect or misuse.

Parent Signature: _____ Date: _____