

Queen of Heaven School Sports Permission Form - 2010 Early FALL Sports

Circle the sport the student would like to play

- * Soccer co - ed grades 1 - 4
- * Cross country grades 4 - 8
- * Boys Baseball grades 4 - 8
- * Girls Volleyball grades 5 - 8

Please include \$ 15 check (\$20 for soccer) to: Queen of Heaven

Nurse Section - Do NOT fill out this section
Date of last physical : /

Please PRINT

Student's Name : _____ Male or Female Grade : _____

Student's Address : _____ Town : _____ Zip Code : _____

Student's Home Phone : _____ Student date of Birth : _____

Parents Name : _____

Other phone contacts & name of the person (for example : cell & work)
_____ Email: _____

_____ has my permission to participate in _____
(name of student) sport (s)

during the school year. He/she will be expected to attend all scheduled practices and games. If applicable - I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.

In case of emergency and I can not be reached, call :

* Name : _____ Phone : _____

Relationship to Student : _____

* Name : _____ Phone : _____

Relationship to Student : _____

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician

Student's Physician : _____ Phone : _____

Physician address : _____

My child has received a medical release to participate in _____
and he/she has been in good health since, having no accidents or major illnesses sport(s)

**** This Permission Form must be signed and a valid School Physical Form must be in the School Office before the student can attend practice. School Physical is valid for 1 year from the date of issue.**

Please indicate any allergies or health conditions that we should be aware of :

Signature of a Parent: _____ Date: _____