



ST. CATHERINE SCHOOL
PARENTAL PERMISSION FORM
ST CATHERINE SCHOOL ATHLETICS

ACTIVITY ___ GIRLS or BOYS ___ Basketball _____

(Be specific-Describe the activity in detail including time, place, transportation)

CHILD'S NAME _____ GRADE _____ BIRTHDATE _____

PARENT/GUARDIAN'S NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE _____

I, the parent (guardian) of the above named Child, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school or Diocesan personnel responsible for the activity.

I have the following medical insurance that would cover any hospital, medical and related costs and expenses in the event of illness or accident of an emergency nature, as follows:

In the event my child is injured or becomes ill and requires emergency medical attention any resulting hospital, medical or related costs and expenses will first be paid by the medical insurance or benefit plan of mine or my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I, hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of San Jose.

PARENT/GUARDIAN'S SIGNATURE

DATE

OTHER PARENT/GUARDIAN SIGNATURE

DATE