



**ARCHDIOCESE OF LOS ANGELES
DEPARTMENT OF CATHOLIC ELEMENTARY SCHOOLS
ATHLETIC ACTIVITY PERMISSION FORM
INCARNATION SCHOOL**

Student's Name: _____ **Grade:** _____ **Birth Date:** _____

Please mark the athletic activity in which your child will be involved:

- | | | |
|----------------------|----------------------|----------------------------------|
| _____ "A" Basketball | _____ "B" Basketball | _____ Cheerleading |
| _____ "A" Football | _____ "B" Football | _____ "B" Golf |
| _____ "A" Volleyball | _____ "B" Volleyball | _____ Track and Field |
| _____ "A" Softball | _____ Swimming | _____ Youth Basketball (Gr. 1-4) |

**Note: A sports fee is required for each activity if the student is placed on the team. Fee varies with each activity. Transportation to and from games and practices is not provided by the school.*

The above team will be practicing at the following address: Brand Park
The above team will be playing games at the following locations: Brand Park and other away sites to be determined later.
The practices are scheduled for: Mon. – Thurs. from 3:30 until 5:30 p.m.

I, the Parent/Guardian of the above named child, hereby give my permission for his/her participation in the athletic activity marked above. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or archdiocesan personnel responsible for the athletic activity.

I agree that in the event my child is injured as a result of his/her participation in the above listed athletic activity, including transportation to and from this activity, whether or not caused by the negligence (active or passive) of the parish/school or archdiocesan athletic program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be made against any accident, hospital, or medical insurance or any available benefit plan of mine or of my spouse.

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

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

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Home Address (Street, City, Zip)

Home Phone

Work Phone

Cell Phone

Medical Information:

Does this player have any medical condition that might affect his/her ability to participate in the activity marked above?
_____ No _____ Yes (please explain) _____

Is this player required to take medication? _____ No _____ Yes (please explain) _____

Person (other than Parent/Guardian) to notify in case of emergency:

Name (Please Print)

Contact Phone Numbers

No student may attend/participate in any athletic activity without a signed parent permission form. Permission may not be given over the phone.