



Athletics Permission Slip
2015-2016

I give permission for my child, _____, in grade _____ to participate in **Cross Country**. I understand that the team will practice 2 times per week and will have several races throughout the season. Practices will begin in August, and races will begin in August..
Schedules: Practice and game schedules will be distributed as soon as they are available.

In order to ensure that we know how many participants we will have to meet scheduling and uniform requirements, we are offering an early bird discount until **MONDAY, AUGUST 24**. Registration will also be fully refundable until that date.

Early Bird Payment: _____ \$30 per child + FIVE HOURS Sports Volunteer Time

OR

_____ \$100 per child, no additional Sports Volunteer Time

Standard Payment: _____ \$60 per child + FIVE HOURS Sports Volunteer Time

OR

_____ \$200 per child, no additional Sports Volunteer Time

Participation: In order for your child to participate, please complete and return the attached forms with \$30/\$100 or \$60/\$200 payment. Check should be made out to St. Matthias School. You may also make payment on the school website, but we will still need your completed forms.

Parent Signature: _____ Date _____

Email Address: _____

Please return immediately. If you have any questions, please contact Mr. Hancock at athletics@stmatthiasschool.org.



Student/Parent Athletic Participation Contract 2015-2016

As a student-athlete, I agree to the following:

- I will display respect for my teammates, opponents, coaches, and officials at all times. This includes showing good sportsmanship, encouraging teammates, and avoiding foul language or inappropriate behaviors.
- I will maintain a solid academic and behavioral record in and out of season.
- I will arrive on time for games and practices with the proper clothing and equipment. I will make every effort to be in attendance and notify my coach in advance if I am unable to attend a game or practice.
- I will treat all uniforms, sporting equipment, and athletic facilities with respect.
- I will obey all rules and meet all expectations outlined in the St. Matthias Athletic Handbook.

As the parent/guardian of a student-athlete, I agree to the following:

- I will not force my child to participate in sports.
- I (and my guests) will be a positive role model for my child and encourage sportsmanship and respect through both my actions and words.
- When attending games, I (and my guests) will engage in positive cheers to encourage the St. Matthias Mustangs while avoiding negative cheers directed at the opposing team, coaches, or officials.
- I (and my guests) will promote fair play and uphold the spirit of the rules.
- I will transport my child to and from practices and games on time.
- I will encourage my child to show commitment to his/her team by attending practices and games regularly and informing the coach in advance if he/she is unable to attend.
- I will obey all rules and meet all expectations outlined in the St. Matthias Athletic Handbook.

Student-Athlete Name (print): _____

Student-Athlete Signature: _____ Date: _____

Parent Name (print): _____

Parent Signature: _____ Date: _____



Child/Minor Acknowledgment Form 2015-2016

The Catholic Bishop of Chicago (CBC) and St. Matthias Parish are committed to conducting programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities, including athletics. The CBC and St. Matthias Parish insist participants follow safety rules and instructions designed to protect the safety of the participants and attendees.

Please recognize the CBC and St. Matthias Parish do not carry medical accident insurance for injuries sustained in these programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the CBC or St. Matthias Parish responsible for the payment of medical expenses.

I recognize and acknowledge there are risks of physical injury, and I agree to assume the full risk of any injuries (including death), damages, or loss which I or my minor/child/ward may sustain as a result of participating in activities connected with this program. I am responsible for the transportation of my child/ward to and from the event(s). The use of my personal automobile to transport participants or attendees is not sanctioned by the CBC and St. Matthias Parish and is my voluntary undertaking. While using my personal vehicle to and from parish/school activities, I acknowledge my automobile insurance is primary; I understand and will comply with the rules and regulations of the Illinois Motor Vehicle Code; I understand and will comply with other Federal, State, and local laws; during the event(s) and to and from the event(s) I will not engage in any inappropriate behavior or activity and doing so will be my personal responsibility.

On behalf of myself or child/ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole, and St. Matthias Parish from claims resulting from injuries (including death), damages, and losses sustained by me or my minor or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or parish officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above program details.

Parent Name (print): _____

Parent Signature: _____ Date: _____

Child/Minor/Ward Name _____

Address _____

Home phone _____ Work/cell phone _____