

**PARENTAL PERMISSION/ACKNOWLEDGEMENT OF RISK**

I do hereby grant permission for my child \_\_\_\_\_

to participate fully in \_\_\_\_\_ sponsored by  
PRINT CO-CURRICULAR ACTIVITY  
St. Cassian School.

I understand that there is a possibility of bodily injury associated with this activity. In the event of an emergency requiring a doctor's treatment, I can be contacted at the phone numbers below during the hours specified. If unable to be reached, I designate the alternate person(s) listed below to approve treatment as temporary guardian(s).

\_\_\_\_\_  
NAME PHONE # AND HOURS

\_\_\_\_\_  
EMERGENCY CONTACT PHONE # AND HOURS

\_\_\_\_\_  
EMERGENCY CONTACT PHONE # AND HOURS

**In the event of an extreme emergency, and none of the above can be reached, I give permission for the coach to act in my behalf.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN PLEASE PRINT NAME

This is to certify that my child \_\_\_\_\_ is fully covered by my own insurance for participation in athletic activities sponsored by St. Cassian School. I will not hold St. Cassian School nor any of its officers or employees responsible or liable for any injury suffered by my child in the course of his/her participation in athletic events.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE PLEASE PRINT NAME

\_\_\_\_\_ has been fully examined by \_\_\_\_\_  
STUDENT'S NAME DOCTOR'S NAME

and is found to be in excellent physical condition and may participate in all sports and activities without any restrictions.

The date of this exam was \_\_\_\_\_  
ON OR AFTER 7/01/13

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN