



St. Aloysius Regional School
186 Franklin Street
Springville, NY 14141

Chess Club **PERMISSION FORM for Grades 3 through 8**

Student Name _____ Grade _____

Address _____

Phone _____

****ALL STUDENTS MUST BE PICKED UP PROMPTLY AT 5:00 PM!****

My child has permission to participate in the above sport during the 2012-2013 school year. He/She understands that he/she is expected to attend all scheduled practices and games. I understand that my son/daughter is responsible for all equipment used by him/her and if any of the equipment issued is not returned in proper condition I am liable for the replacement value.

Signature of Parent/Guardian *Date*

In the event of an emergency and I cannot be reached please contact:

Name _____ Phone _____

Relationship to student _____ or

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 and or hospital or clinic