

# St. Joseph School Athletic Permission Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: MALE FEMALE Contact Number: \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_ to participate in the following sport(s) at St. Joseph:  
\_\_\_\_\_.

I understand, by signing this form, submitting a sports evaluation form, and an authorization for treatment, that St. Joseph School and its authorized agents are in no way responsible for any accident and/or injury incurred by my child while participating at practice and/or games. I further agree to provide and/or arrange transportation to all games and practices.

In lieu of a written doctor's statement, St. Joseph School and Athletic Board has agreed to waive its policy upon signing of this form by the parent(s) of the student athlete. In signing this form, you release St. Joseph School and Athletic Board from any medical responsibility pertaining to my child during enrollment in the sports program at St. Joseph School. You also acknowledge that your child is physically capable of participating.

Uniforms supplied by St. Joseph are to be laundered appropriately and returned undamaged at the completion of the season. Repair/replacement of damaged and/or lost uniforms will be at the players' expense.

The **participation fee of \$50** is assessed to offset the cost of equipment, gym maintenance, cleaning supplies, coaches' training, and game workers. The fee should be returned with this completed and signed form.

This document is also to be used for authorization for emergency medical treatment for the child.

Address: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Emergency Contact & Phone: \_\_\_\_\_

Parent Address (if different from child): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Family Doctor & Phone: \_\_\_\_\_

Does the student have any allergies or past/present medical problems? (If yes, please explain)

\_\_\_ NO \_\_\_ YES

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Parent Signature: \_\_\_\_\_ Date:

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Team: \_\_\_\_\_ Coach:

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## St. Joseph School Parent & Athlete Pledge

As a parent I will:

- Encourage good sportsmanship by demonstrating positive support for all players, coaches, spectators, and officials at every competitions, practice, or event.
- Provide or arrange for punctual transportation for practices and games.
- Support a drug, alcohol, and tobacco free sports environment and agree to assist by refraining from their use at all events affiliated with St. Joseph.
- Remember that the game is for the children, not the adults.
- Encourage my child to treat all players, coaches, spectators, and officials with respect, regardless of race, sex, creed, or ability.
- Help keep the gym clean by assisting with cleanup with my child participates in a home game, and I will clean up after myself and my family.

I have read and agree to abide by the principles established in the St. Joseph Athletic Handbook and this Parent Pledge.

Print Parent Name: \_\_\_\_\_ Phone Number:

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Parent Signature: \_\_\_\_\_ Date:

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As a student I will:

- Do my best to keep a positive, Christian attitude at all practices, games, and events.
- Follow the belief that although winning is our primary goal, good sportsmanship, fair play, and preparing for each competition to the best of my ability is most important.
- Always remember the importance of an education. Schoolwork shall always come before my athletic participation with a balance between the two making me a strong, well-rounded person.
- Do my best to develop team spirit.
- Respect my coach, my parents, other players, spectators, and officials while offering praise and help to my fellow athletes.
- Understand that rules are important and therefore, I pledge to follow all rules set by my school, the Athletic Board, and my coach.
- Abide by the rule that if I should be absent from school, I will not attend practice and/or dress for a game on that day.
- Take responsibility for the proper care of my uniform and assure that my uniform is returned to my coach at the end of the season for the sport in which I am participating.

I have read and agree to abide by the principles established in the St. Joseph Handbook and this Athlete Pledge.

Print Athlete's Name: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_