

Ss. Peter & Paul School



5480 Main Street • Williamsville, New York 14221-6780 • (716) 632-6146 • Fax: (716) 626-0971

PARENT PERMISSION FOR SPORTS PARTICIPATION

Student Name _____ Date _____

Name of Parent/Guardian(s) _____

Address _____

Home Phone _____ Work Phone _____

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|---|
| <p>_____ has my permission to participate in _____ during the school year _____. He/she will be expected (sport) to attend all scheduled practices and games. If needed, I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.</p> |
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In case of an emergency and I cannot be reached, call:

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.

My child has received a medical release to participate in _____ and
(sport)
he/she has been in good health since, having no accidents or major illnesses.

Please indicate any allergies or health conditions that we should be aware of: _____

Parent Signature _____ Date _____