

CATHOLIC ACADEMY OF NIAGARA FALLS
1055 N. MILITARY ROAD
NIAGARA FALLS, NY 14304
283-1455

SPORTS PARENTAL PERMISSION SLIP

NAME OF STUDENT _____ GRADE _____

NAME OF PARENTS _____ DATE _____

ADDRESS _____ PHONE _____

WORK PHONE _____ CELL _____

_____ has my permission to participate in _____
during the school year 2017 – 2018.

He/she will be expected to attend all scheduled practices and games. If needed, I understand that I am responsible for transportation to and from practices and games. 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.

In case of an emergency and I cannot be reached, call:

NAME _____ PHONE _____

RELATIONSHIP TO STUDENT _____

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 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: _____

SIGNATURE OF PARENT _____ DATE _____

Please Note: Your child must have a current Physical on file with the school clinic to be eligible to participate in the above sport. Please contact the school clinic if you have any questions regarding your child's physical.