

**St. Peter Catholic School**  
**PARENT PERMISSION FOR ATHLETES**  
**2017 - 2018**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ 2017-18 GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I give \_\_\_\_\_ my consent to participate in the sports checked below for the 2017/2018 school year.  
Student name

(You may check only one per season) **\$40 per sport with the exception of Football \$60**

<u>FALL</u>	<u>WINTER</u>	<u>SPRING</u>
___ SOCCER (Boys & Girls 5-8)	___ BASKETBALL (Boys)	___ TRACK (Boys & Girls 5-8)
___ VOLLEYBALL (Girls 5-8)	___ BASKETBALL (Girls)	
___ FOOTBALL (Boys 5-8)		

I understand that through participation in the above listed activity/activities, I am risking the possibility of serious injury and I accept that risk. Certain medical information may be shared with coaches in order to maintain the highest safety standard for the athletes.

I understand my child must have a licensed physician's certificate of physical fitness to participate issued within a year preceding your current participation.

I understand that this participation will include traveling to other schools in Aurora and other locations, playing against teams representing other schools.

I understand that I am responsible for transportation to and from practices and games.

I understand that my child must be doing passing work in all subjects to participate.

I do further state that I will NOT hold the Diocese of Rockford and/or any St. Peter organization or any person(s) connected with these organizations or acting on behalf of these organizations liable in case of accident or injury, when said accident or injury arises from a cause connected with the athletic program.

In the event the above player requires medical treatment and neither parent nor guardian of said player is present or otherwise able to consent thereto, I do hereby consent to such emergency medical treatment, as may be required. The undersigned parent/guardian of said player hereby consents and agrees to release indemnity and hold harmless the Diocese of Rockford and/or St. Peter Catholic School of Aurora, Illinois, its staff and coaches from any claim arising out of any injury to the above named player including, but not limited to any claim arising out of injuries or conditions caused or aggravated by a refusal to allow medical treatment based upon religious or philosophical beliefs of the parent/guardian of said player.

KNOWN ALLERGIES/ADDITIONAL MEDICAL INFORMATION: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent/Guardian

MEDICAL INSURANCE COMPANY \_\_\_\_\_  
Name

**For Office Use Only:** Physical on File \_\_\_ Fall Sports Fee Pd \_\_\_ Winter Sports Fee Pd \_\_\_ Spring Sports Fee Pd \_\_\_ Concussion Form \_\_\_