

HOLY FAMILY SCHOOL ATHLETIC PERMISSION CARD

Name _____ Date _____
(PRINT LAST NAME FIRST)

Address _____
(STREET) (CITY) (ZIP)

Birthdate _____ Age _____ Grade _____

Accident or Health Insurance _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Family Physician _____ Phone _____

The above student has permission to participate in competitive athletics at Holy Family. I agree to hold harmless Holy Family School and all persons associated with Holy Family in the event of any injury resulting from participation. I understand it is my responsibility to provide medical insurance for my child to cover injuries.

Signature of Parent or Guardian _____

I certify that the above student is physically capable of playing ALL competitive athletics.

Date _____ Doctor _____
