



2660 Niagara Falls Boulevard
Tonawanda, New York 14150
School: 693-5604 Fax: 693-5127

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St. Christopher School

PARENT PERMISSION FOR SPORTS PARTICIPATION

Student Name _____ Date _____

Name of Parent/Guardian(s) _____

Address _____

Home Phone _____ Work Phone _____

_____ 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.

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 he/she has been in good health since, having no accidents or major illnesses. (sport)

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

Parent Signature _____ Date _____