

ST. DUNSTAN 2010-11 ATHLETICS PROGRAM PERMISSION SLIP

Student Name: _____ Grade: _____

Address: _____ City: _____, CA

Home Phone #: () _____ Student's Cell Phone #: () _____

I hereby grant permission for my child to participate in: (circle one)

Baseball

Volleyball

Basketball

Track and Field

Fees: I understand there is a **\$115.00 REGISTRATION FEE** and payment should be attached to this form and submitted to the school office. Make checks payable to St. Dunstan Athletics

Please note that no refunds will be given unless the withdrawal is a result of illness or injury, or some other circumstance deemed extraordinary by the Principal or Athletic Board

Parental Involvement Pledge: Our athletics programs require a large commitment on the parts of all of our parent volunteer staff which include coaches, assistants, and athletic board members. To help with this workload, we require that all parents whose child (or children) participate in a sport volunteer at least 2 hours per child (per family) (1 hour for single parent households) toward each sport that the child(ren) participates in. Such volunteer opportunities may include scorekeeping, manning a refreshments booth, selling merchandise, lining fields, or other related activities.

Photo Usage Policy and Release. By signing below, I/we ("undersigned") hereby approve the use by St. Dunstan Athletic Program of our child(ren)s photo(s) for uses which might include the school yearbook, the website (www.st-dunstan.org), school newsletters, and school promotional materials. I,/We, the undersigned hereby release(s) St. Dunstan Catholic School, the Archdiocese, and all related persons and entities from any liability regarding the school's use of said photo(s) as described above..

Archdiocesan Policy states no child be allowed to set foot on the court/field without a signed permission slip.

Parent Name (please print): _____

Work Phone #: () _____ Cell Phone #: () _____

E-mail address: _____

Emergency contact (Other than parent): Name: _____

Home Phone #: () _____ Cell Phone #: () _____

Doctor Name: _____ Phone #: () _____

Insurance carrier: _____ Plan #: _____

Please list any known medical condition(s) that the coach(es) or administrators should be aware of:

Student Athlete Statement: *I understand that by signing this document for any injuries committed to playing through the above designated season, or I will forfeit my opportunity to participate in the next St. Dunstan sport. Also, I will be responsible for the proper care of the equipment used and uniform issued for that sport.*

Student Athlete signature: _____ **Date:** _____

Parent Statement: *St. Dunstan and/or their coaches are not responsible for any injuries to any player. In case of an injury, I authorize the coach to obtain medical treatment in my absence. I agree to pay for any equipment or uniform items provided to my child, which are either lost or damaged through neglect or misuse.*

Parent Signature: _____ **Date:** _____

ATHLETIC BOARD USE ONLY Registration Fee Check #: _____ Date Received: _____