

ST. DUNSTAN ATHLETICS PROGRAM PERMISSION SLIP

Student Name: _____ School: _____ Grade: _____

Address: _____ City: _____

Home Phone #: () _____ Student 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 **\$95.00 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 an illness or injury, or some other circumstance deemed extraordinary by the Principal or Athletic Board.

Tryouts / Practices / Games

Archdiocesan Policy states no child be allowed to set foot on the court/field without a signed permission slip. This rule will be strictly enforced!

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 I am 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: _____