Cathedral of St. Raymond School

Athletic Permission Family Form

horizontal line

(please check all that apply)

Baseball\_\_\_ Cross Country\_\_\_ Flag Football\_\_\_ Volleyball\_\_\_ Basketball\_\_\_

Coed Volleyball\_\_\_ Track and Field\_\_\_

# Name of Athlete(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Insurance

## The following information must be completed and signed by the appropriate parent/guardian and turned in to the Athletic Director along with a current physical and sports payment before participation is allowed. All students participating in student athletic activities at St. Raymond’s must have their own medical coverage.

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group or Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Waiver of Liability

## I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the above student(s). I hereby give permission to the staff of St. Raymond’s school during the period of school activities, to seek appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student’s insurance policy detailed above.

## I/We the undersigned, release and forever discharge St. Raymond School and its staff from any and all liability claims, demands, actions and causes of actions arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities while at school.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_