



Our Lady of Perpetual Help Catholic School  
Athletic Participation Form  
20\_\_ - 20\_\_

This form is to be filled out completely and returned to the Athletic Director **before the student can try out and/or participate in any athletic programs.**

**I hereby authorize my child to try-out, play and/or participate in after school sports activities.**

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Father's Email: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Medical Conditions:

\_\_\_\_\_

\_\_\_\_\_

Known Allergies:

\_\_\_\_\_

\_\_\_\_\_

As parent/legal guardian of \_\_\_\_\_, I hereby give my consent for my child to try out, practice, and play in any athletic events. I also give consent for treatment deemed necessary for a condition arising during participation in these aforementioned activities, including, medical or surgical treatment recommended by a medical doctor. I understand every effort will be made to contact me prior to treatment. I agree to the need for a medical screening examination and certify that the medical history above is accurate to the best of my knowledge.

I acknowledge that it is my responsibility to provide any medication my child may need during after school activities.

I confirm that my child is covered by an accident and health and/or hospitalization insurance policy that is in effect during his/her participation in such activities. The health insurance coverage is:

Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

I understand that Our Lady of Perpetual Help School, faculty, staff, administration and authorized volunteer coaches shall not be held liable for any injury, loss, accident, irregularity, or expenses which may be occasioned either by reason or defect in any equipment at OLPH School or Parish, Wesleyan College fields or facilities, Rocky Mount parks, fields and facilities, Rocky Mount Senior Center or through the acts or default of any person engaged to administer or any person participating in school-sponsored programs. Furthermore, **I understand that the school will not be held liable for any injury, loss, accident or irregularity that might occur during the transportation of my child** to and from athletic events.

I understand that in order to maintain athletic eligibility, students shall maintain passing grades in all subjects taken and must maintain an overall "C" average. Students receiving demerits for **behavior** may not participate in practice or games on the day the demerit is given. Coaches will be notified when a player is ineligible to participate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_