

Parental Permission Form
Trinity Catholic Academy

TO BE FILLED OUT BY PARENT/GUARDIAN:

Name of Athlete: _____

Grade: _____ Date of Birth: _____ Age: _____

Home Address: _____ Home Phone: _____

Father's Work Number: _____

Mother's Work Number: _____

Emergency Contact: _____

Emergency Number: _____

Family Physician: _____ Phone
Number: _____

Family Insurance: _____

My son/daughter has my permission to participate in sports for Trinity Catholic Academy. I understand that the school is not responsible for injuries incurred by participants. If any injury should occur that requires emergency or other hospital treatment, the parent(s) will submit the expense to their own insurance company. Any bills not paid by your insurance policy should be given to the coach/school to be paid by our insurance.

Uniforms lost or damaged as a result of negligence, vandalism, or theft must be paid for by the person assigned the uniform. The price of the uniform will be determined by it's replacement value, not the age or condition.

Violation of school rules and rules established by the coach may lead to suspension and/or expulsion from the team as well as disciplinary action by the school.

Approved and Signed by: _____ Date: _____

Approved and Signed by: _____ Date: _____

Coach: _____ Date: _____

Please list any allergies, medications or any issue that would be important in case of an emergency: