

Mount Carmel Academy

8th Grade

Athletic Participation/Parental Permission Form

Part I To be completed and signed by student-athlete (Please Print)

(Last Name)

(First Name)

Name: _____

Home Address: _____

City: _____ Zip: _____

Last semester I attended: _____ School.

Intended Sport/Activity: _____

DATE: _____ Student's Signature: _____

Phone# _____

Part II Parental Permission - To be completed and signed by parent

I certify the information above is accurate and current. I give permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal. If the medical status of my child changes in any significant manner I will notify the athletic director/ principal of the change immediately.

I hereby give my consent and approval for the student named above to participate on any Mount Carmel Academy athletic team.

Date: _____ Parent's Signature: _____

(Print Name) _____