

# St. Mary-Basha Catholic School

## 2019-20 Athletic Permission Form

I, the parent/guardian of \_\_\_\_\_ request that St. Mary-Basha Catholic School allow my child to participate in the after school sports program, marked below, during the 2019-20 school year. I agree to pay the \$75 registration fee for each sport as well as provide a student athletic physical and transportation agreement for the current school year before my child may begin practice. The registration fee is non-refundable to those who drop out of the program, those who are suspended or those who are academically ineligible due to grades or conduct. I understand that I am responsible to provide or find transportation for my child to and from games and practices. Athletes are responsible for maintaining uniforms and returning them to school in the condition they were given. If lost or damaged, the athlete will be charged a \$40 replacement fee. I understand that student medications kept in the school nurse's office are NOT accessible after school and it is the responsibility of the parent/guardian to supply any medication that may be required by a student during any after school activity.

I understand that it is my responsibility to pick up or make arrangements for my child after practices and games. I release and hold harmless St. Mary-Basha Catholic School or any and all of its employees and volunteers from any and all liability during the season. I understand that my child must maintain a passing grade throughout the season. I am aware of the progress report dates and in the event of a failing grade my student will be suspended from the team until the following "passing" progress report. Two consecutive failing progress reports will result in permanent suspension from the team. I also understand that disciplinary action may also be taken as deemed necessary by school administration.

As the parent and/or legal guardian I understand that I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself and my child named herein to hold harmless and release St. Mary-Basha Catholic School, its employees, the Diocese of Phoenix, coaches, chaperones or representatives associated with the event from any illness, injury, cost of medical treatment and any harm arising as a result of my child participating in the after school sport program.

Student Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Please check (one) sport for participation and include the fee ONLY for sport currently offered:

BOYS:	Football _____ FALL	Basketball _____ WINTER	Baseball _____ SPRING
GIRLS:	Volleyball _____ FALL	Softball _____ WINTER	Basketball _____ SPRING

In the event there is no coach for a sport/grade SMB will be unable to have a team and the registration fee will be returned.

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

Phone # \_\_\_\_\_

