



PARENT PERMISSION FOR INTERSCHOLASTIC SPORTS

Student's Name _____ Sport(s) _____
Last First Middle

Address _____ City _____ Zip _____

Father's Name _____ Mother's Name _____

Home Phone _____ Home Phone _____

Mobile Phone _____ Mobile Phone _____

Work Phone _____ Work Phone _____

IMPORTANT INFORMATION FOR PARENTS

Parent please initial items 1–10 below and sign. Athletes please initial items 5-10 below and sign.

↓ Parent initials

1. Permission to participate. I hereby grant permission for my student to participate in all interscholastic sports and to go with a representative of the school on any trips related to school activity. I am fully aware of what these athletic activities involve and I agree that Thomas More School or its employees shall not be responsible for injuries incurred in practice, games, in traveling to or from practice or games. These extra curricular activities are not required of the student.

2. Affirmation of Athletic Insurance. All Thomas More School athletes must carry medical insurance. Recommendation: If you have no other policy, parents may purchase student accident insurance. These forms are available in the school office.

3. Transportation. It will nearly always be necessary to use private transportation for tournaments, games and field trips. I give permission for my student to travel in a private vehicle, driven by a licensed, fully insured adult approved by Thomas More School. I hereby give my consent for my student to go with a representative of the school on any trips.

4. Medical Approval. In the case of injury or illness requiring medical treatment, every attempt will be made to contact the parent, but if necessary, a Thomas More School representative is authorized to have my student transported and / or treated.

5. Performance Enhancing Drugs. I acknowledge that it is illegal to use and abuse anabolic steroids. I further understand that Thomas More School does not support the use of performance enhancing supplements and prohibits coaches from promoting such substances.

_____ Student Athlete initials

6. Transcript Release. I hereby grant permission for the school to issue a student transcript to college recruiter(s).

_____ Student Athlete initials

INFORMED CONSENT

7. Informed Consent. I understand that there is a certain amount of risk associated with athletic participation. While competing in athletics at Thomas More School, I may suffer a fracture, sprain, contusion, laceration, abrasion, or other injuries. I may even suffer severe injuries such as brain injuries, paralysis or death. I am aware of and understand the risk of athletic participation. I am a willing participant and assume such risks as described.

_____ Student Athlete initials

PARENT AND STUDENT ACKNOWLEDGEMENT

Thomas More School is committed to the sportsmanship policy "Pursuing Victory With Honor" at all times and also to full and complete compliance with the [CIF Central Coast Section Sportsmanship Policy](#). We have adapted the Pursuing Victory with Honor SPORTSMANSHIP policy. We understand that failure to maintain compliance with the CIFCCS Sportsmanship policies may result in sanctions that may impact our athletic programs.

8. I have read and agree with "CODE OF CONDUCT FOR PARENT / GUARDIAN".

9. I have read and agree with "CODE OF CONDUCT FOR STUDENT ATHLETE".

_____ Student Athlete initials

10. I have read and understand the policies regarding "HAZING".

Student Athlete initials

Date _____

Signature of Parent _____

Signature of Student Athlete _____

Original – Office