

Athletic Permission Form-2014-15

Name of Athlete _____

Sports: Fall Sports: Bowling _____ Volleyball _____ Flag Football _____
Basketball _____

Spring Sports: Soccer _____ Track & Field _____

The following information must be completed and signed by the appropriate parent or guardian and turned in to the main office before participation in student athletic activities will be allowed. If the following information is not complete, this form will be returned to you.

Parent/Guardian:

Address:

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell/Emergency Phone Number: _____

Athletic Fee (Please make payable to Notre Dame School with specific sport in Memo Line; NO FACTS payments)

_____ \$10 for bowling- bowlers must pay for their own games and a parent or guardian must be present

_____ \$35 (per sport) for volleyball, flag football, basketball, soccer, and track/field

Check # _____

Wavier of Liability

We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the student. I hereby give permission to the staff of Notre dame School to seek during the period of school athletic activities, appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student's insurance policy detailed on page 1 of this form. I/We the undersigned, for ourselves, our heirs, our executor and administrator, waiver, release, and forever discharge Notre Dame School and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while at school.

Printed Name of Parent or Guardian _____ Date: _____

Signature of Parent or Guardian _____ Date: _____