

St Paul the Apostle School  
Athletic Program Permission Form & Uniform contract

Please Print:

Participant's Name \_\_\_\_\_

Participant's Age \_\_\_\_\_ Homeroom \_\_\_\_\_

Home Address \_\_\_\_\_

Participant's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

I, the parent/guardian of the above designated child, request for him/her to participate in the St. Paul the Apostle School Athletic Program. I certify that he/she is enrolled at St. Paul the Apostle School.

I also understand that while participating in the St. Paul's Athletic Program, my child will wear any protecting apparatus as required and advised by the coach and current rules and regulations. I also state that my child is covered under an insurance plan in case of any accidental injury. I certify that my child is in reasonably good health in order to participate in the St. Paul's Catholic League sport and/or activity.

I also understand that displaying poor sportsmanship may disallow my child from being on the team, at the discretion of the coach and/or Athletic Director.

I understand that the academic policy as stated in the St. Paul's Handbook is in effect also.

Furthermore, any equipment or uniform entrusted to the student remains the property of St. Paul' School. If any piece of equipment or uniform is not returned in good condition when asked for, or at the end of the season, responsibility for replacement will be that of the student involved. I agree to the following washing and care instructions \* for the St. Paul's basketball jersey/cheerleading shell and skirt/volleyball uniform that I have been given to use during the season. I understand that I will have to replace it at the cost of the uniform and the screening charge from Kunkles Sports if it is lost or damaged in any way.

I release St. Paul's, its employees, agents, representatives, coaches, and volunteers from any and all liability, actions, cause of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to St. Paul's sports.

My signature certifies that I have read the above and understand it's content.

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

Signature of Student Athlete \_\_\_\_\_ Date \_\_\_\_\_

It is the responsibility of the parent to notify the coach and/or coaches of any medical condition their child may have that could need attention while under the coach's supervision. It will be the parents' responsibility to supply him/her with the procedure they wished followed until they can be reached and take the child into their care. This includes any medication or first aid instructions.

**\*Washing instructions- Wash uniforms in cold water, separately form other clothes. Line dry- do not put in dryer.**

Basketball jersey # \_\_\_\_\_ Size \_\_\_\_\_ Label # \_\_\_\_\_

Shell # \_\_\_\_\_ Size \_\_\_\_\_ Label # \_\_\_\_\_

Skirt # \_\_\_\_\_ Size \_\_\_\_\_ Label # \_\_\_\_\_

Volleyball Jersey# \_\_\_\_\_ Size \_\_\_\_\_ Label # \_\_\_\_\_