StMM Athletic Permission & Physical Assessment Form

By signing this form, you have given your child the opportunity to tryout and participate in any organized sports sponsored by Saint Mary Magdalene Catholic School.

Name of Athlete: _____ Grade: _____

Insurance

The following information must be completed and signed by a parent or guardian and submitted to the StMM Athletic Director before participation in student athletic activities will be allowed.

Parent/Guardian: _____

Address: _____

City, State, Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Insurance Provider: _____

Policy Holder: _____

Policy and Group Numbers: _____

Address or phone number of insurance company: _____

_____

I understand that a non-refundable participation fee is charged for each sport.

I the undersigned, hereby certify that I am the parent or legal guardian of this student. I hereby give permission to the staff of Saint Mary Magdalene Catholic 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 above. I/we the undersigned, for ourselves, our heirs, our executor and administrators, waiver, release, and forever discharge Saint Mary Magdalene Catholic 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.

Signature of Parent/Guardian:_____ Date:_____