

ST. PAUL CATHOLIC SCHOOL
ATHLETIC PARTICIPATION APPROVAL FORM

STUDENT NAME _____

DATE _____

GRADE _____

AGE _____

I hereby give consent to the following for the above student to:

- *Participate and represent St. Paul School during intramural activities.*
- *Participate and represent St. Paul School in Athletic practices and games.*
- *Have an updated physical completed by a physician for the current school year, kept on file located in the front office.*
- *To accompany any school team of which he/she is a member on any of its local or out-of-town trips, and authorize the school to obtain through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such intramural/athletic activities or such travel.*
- *Agree NOT to hold the school, coach, volunteer or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such intramural/athletic activities or such travel.*
- *To provide transportation, or make sure there is transportation provided during after school practices and out-of-town Games/Matches.*
- *Submit the required athletic fee for each sport participated in.*
- *Agree to hold the above student responsible to follow all of St. Paul's Athletic Rules and Policies throughout the athletic seasons.*

Signature of Parent or Guardian _____

Date _____ Address (Street) _____

City/State _____ Zip Code _____ Phone Number _____

Note: All Waivers, Current Physical and sport fees are to be completed and returned to the school secretary in the front office, or the Athletic Director, BEFORE the student is allowed to practice and/or compete.

Athletic Fees (Applies to Officials, Uniforms, Equipment)

Girls Volleyball - \$50

Co-Ed Soccer - \$50

Girls Basketball - \$50

Boys Basketball - \$50

Track & Field - \$30

Office Use

Girls Volleyball _____

Co-Ed Soccer _____

Girls Basketball _____

Boys Basketball _____

Track & Field _____