

Student _____

Homeroom _____

Date _____

PERMISSION TO TRY OUT AND PARTICIPATE IN
ST. MARY'S ATHLETICS PROGRAM
FOR THE SCHOOL YEAR 200 ____ - 200 ____

Prior to the start of each season, students will be invited to sign up for the sports team they would like to try out for. Please complete the following information, which will be kept on file for the entire school year. Any changes to this information should be given to St. Mary's Athletic Director as necessary.

My son/daughter _____, homeroom _____, has permission to try out, and if selected, to participate in St. Mary's Athletic Program for the current school year.

Student eligibility will be determined according to the requirements set forth in the student handbook. Students may not try out until the school principal has confirmed eligibility.

THIS IS NOT A RECREATIONAL PROGRAM BUT RATHER A COMPETITIVE PROGRAM. PLAYING TIME IS NOT GUARANTEED.

BY SIGNING THIS FORM, ALL PARENTS AND STUDENTS AGREE TO ABIDE BY ST. MARY'S ATHLETIC POLICY.

Students will not be permitted to practice or play unless the required forms, including physicals, for the current school year are on file in the school office.

Please initial the following statement if your son/daughter HAS a current form on file with the school.

X ____ The required "Health Assessment" (physical) form is on file in the athletic office for the current school year. There are no changes in medical condition.

Any student who is accepted and then commits to play on a team has the responsibility to that team for the entire season, including tournament play. If a student quits the team for reasons not approved by the principal and athletic director, he/she will forfeit playing the following season on any team.

When game schedules are such that it is necessary to leave school early, my child has permission to do so.

I understand that transportation to games will be by personal car or occasionally by bus. According to Diocesan requirements, drivers of personal cars used for school-sponsored activities must meet certain requirements which include, among other things, \$100,000/\$300,000 minimum insurance liability and a minimum driver age of 21. My child has permission to use the transportation arranged. The signed Waiver/Release form applies to transportation arrangements as well as actual athletic participation.

If my son/daughter is to leave school early for sports participation, a coach or transporting individual has my permission to sign him/her out if I am personally unable to do so, or I will send a note designating the responsible individual.

Questions may be directed to sports-specific coaches or St. Mary's Athletic Director, Laurie Ulmer, 644-0277.

X _____
Parent/Guardian Signature Home Phone Date

Parent's E-mail Address (This will be used to send directions and other notes.)

PLEASE READ AND COMPLETE THE REVERSE SIDE OF THIS FORM.

ST. MARY HELP OF CHRISTIANS SCHOOL
ATHLETICS PROGRAM FOR STUDENTS IN GRADES 6-8

**WAIVER/RELEASE AGREEMENT, ACCIDENT INSURANCE STATEMENT,
AND PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

All waiver statements and supplementary insurance will expire at the conclusion of the school year.

Student: _____ Homeroom: _____ Birth Date: _____

Parent(s)/Guardian(s): _____

Home Phone: _____ Parents' Work/Other Phone: _____

Home Address: _____

Waiver/Release for Sports Participation and Statement of Accident Insurance Coverage

I acknowledge, agree, and understand that playing sports may be hazardous/dangerous and may result in injury to my child or other players. I agree to provide accident insurance for my child, if not already provided, as a mandatory requirement of my child's participation. Further, I agree that in consideration for permission to participate in St. Mary's School athletics, I assume all risks of injury incurred or suffered by me or my child while participating. *All students are covered by supplemental accident insurance while playing for St. Mary's School.*

I also release and agree not to sue St. Mary Help of Christians School/Church or the Diocese of Charleston or anyone connected with St. Mary's Athletics for any claim, damages, costs, cause or action which I have or may in the future have as a result of injuries or damages sustained or incurred by me/my child while participating in St. Mary's Athletics. I further agree to indemnify those parties and hold any and all of them harmless for all damages, costs, expenses, claims and losses of every nature.

Primary accident insurance coverage is provided by:

Insurance Company: _____ Policy Number: _____

I have read, understood and agree to the above Waiver/Release.

X _____ Date Signed: _____
Signature of Parent/Guardian

Permission for Emergency Medical Treatment

In the event of an emergency occurring while my son/daughter is participating in school-related activities, I hereby grant permission to St. Mary's School and its employees/volunteers to take whatever action is deemed necessary. In the event I cannot be reached, I hereby authorize the school and/or its employees/volunteers to give consent for my son/daughter to receive medical treatment. Person to be contacted if parent/guardian is not available:

Alternate Emergency Contact: _____ Phone Number: _____

X _____ Date Signed: _____
Signature Of Parent/Guardian

If you do not give authorization for consent to medical treatment, what procedure should be followed?
Please be specific.

X _____ Date Signed: _____
Signature of Parent/Guardian

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