



Nazareth School
Diocese of San Diego
Sports Permission Slip (due Sep 8)

Current Sport: JV and Varsity Flag Football
Season begins: September 23rd
All Games held Saturday mornings at Mater Dei High School

Sports Fee due: \$80.00 (must be included with permission slip)

I, the parent/ legal guardian of _____ in
Grade ____ give permission for my child to participate in the Diocesan intramural sports program.

I understand that the games may take place away from the school and that the method of transportation for away games will be the parent's responsibility. I also understand that my child will be under the supervision of the designated school coaches.

With this release, I hold Nazareth School and any of its coaches harmless from any liability for any harm arising to my child because of this sport.

I understand that it is the student's responsibility to participate in all practices and to be on time to all games. To play in a game he/she is to come prepared with the proper team uniform and required equipment. Students must maintain a "C" average to be eligible to participate in sports.

I also understand that team sportsmanship and cooperation is important. I understand that players may be benched for unsportsmanlike conduct, and that a lack of respect or cooperation could result in dismissal from the team.

Parent/Guardian Signature

Student Signature

email

Date

Please fill out Emergency Medical treatment Form on the Back

NAZARETH SCHOOL
EMERGENCY MEDICAL TREATMENT

In the event of any emergency, I hereby give my permission to transport my child to a hospital for an emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency, if you are unable to reach me at the daytime telephone number that I provided on the permission slip, please contact:

NAME: _____

RELATIONSHIP: _____ PHONE: _____

FAMILY DR: _____ PHONE: _____

IMPORTANT STUDENT MEDICAL HISTORY

Wears contact lenses Y / N Allergies _____

Drug reactions: Y / N Explain type and what: _____

Medications now taking: _____

Any physical restrictions or conditions: _____

I also authorize the designated coach/supervisor to administer first aid with the understanding that Nazareth School had documentation that the designated coach/supervisor has basic first aid training.

Signature

Date

Printed Name

Contact Number

Address

OFFICE USE ONLY

Money Paid:

Cash / Check # _____