

# Ss. Peter & Paul School



5480 Main Street • Williamsville, New York 14221-6780 • (716) 632-6146 • Fax: (716) 626-0971

## PARENT PERMISSION FOR SPORTS PARTICIPATION

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in \_\_\_\_\_  
\_\_\_\_\_ during the school year \_\_\_\_\_. He/she will be expected  
(sport)  
to attend all scheduled practices and games. If needed, I understand that my  
son/daughter is responsible for all equipment/uniforms issued, and if any of the  
equipment/uniforms issued are not returned in proper condition, I am liable for their  
replacement value.

### **In case of an emergency and I cannot be reached, call:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

or

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

### **If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.**

My child has received a medical release to participate in \_\_\_\_\_ and  
(sport)  
he/she has been in good health since, having no accidents or major illnesses.

Please indicate any allergies or health conditions that we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_