

## **Our Lady of Fatima School**

1625 Center Avenue Los Banos, California 93635 Phone 209-826-2709 Fax 209-826-7320

Athletic Department

## AUTHORIZATION FOR ATHLETIC PARTICIPATION

	Last		First	Middle
Address:				
Address:	Number	Street	City	
Date of Birth:	Age:	:	Grade:	
I hereby give my con with a representative			e in any athletic sports, except etic trips.	and to travel
Physician preferred _	Physician preferred		Phone Number:	
Hospital preferred				
must have a physical exan	nination by a regular ML	) (general practitione	r or pediatrician).	
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