Our Lady of Perpetual Help School

AFTER-SCHOOL ACTIVITY PROGRAM
LETTER OF INTENT TO PARTICIPATE/ PARENT PERMISSION FORM

Name: _____ Grade: _____ Date: _____

Sport: _____ Activity Fee: $75

Is the parent of the child interested in coaching? Yes No (circle one)

Size: S M L XL (YOUTH) (circle one)

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1. Participants must be students in good standing (academic, behavior, financial) at Our Lady of Perpetual Help School and in grades 5, 6, 7, or 8 (unless otherwise stated). They must model Catholic sportsmanship in speech and action toward fellow teammates, opposing players, coaches, referees, and parents.
2. Participating students must submit a letter of intent to participate signed by both student and parent, and a fee of $50. Payments can be made in the office.
3. Any student with a grade below a C- (70%) will lose eligibility status until it is increased and reviewed.
4. Any student who has received 2 Detentions within the season of the activity will be ineligible until disciplinary record is reviewed with parent and administration.
5. A minimum of half day school attendance is required in order to participate in any activities scheduled for that day. If a student goes home sick they will not be allowed to participate in the activity for that day.
6. Attendance at regularly scheduled practices and games is required.
7. Students involved in after-school sports programs are under the authority of the coach and the school's Athletic Director – Lisamarie Sanchez.
8. Uniforms for all sports (both boys and girls) will consist of a numbered jersey and shorts. The student is responsible for returning the uniform one week after the season ends. Should a uniform become lost or un-wearable the player/ family is responsible for any cost to replace the uniform.

_____ _____

Student Signature Parent Signature

PARENT: I have read the After-School Sports Program policies and agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge. I acknowledge that students are to be picked up promptly at the end of practice. If they are not, they will be sent to Extended Daycare and charged accordingly. I understand that transportation is being provided by a Private Car and there is liability insurance on this vehicle through the driver's own company. All individuals picking up students must be authorized on their FACTS school pick up list online and with the office.

In the event of medical emergency, I further consent to the decision made by the school or any and all of its agents relating to the provision of medical assistance as indicated on the Emergency Authorization Form for the 2025-26 school year in the office.

_____
Parent Signature

Emergency Contact Information:

Physician: _____ Phone: _____

Insurance Company: _____ Policy No: _____

Medical Restrictions:

_____

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I, the undersigned, as parent or legal guardian of _____

do hereby consent to release Our Lady of Perpetual Help School (OLPH) and any and all of its agents from liability arising out of or in any manner related to the After-School Sports Program for the entire season.

_____ _____
Parent Signature Date