



Our Lady of Perpetual Help School

AFTER-SCHOOL ATHLETICS PROGRAM

LETTER OF INTENT TO PARTICIPATE/PARENT PERMISSION FORM

_____	_____	_____
Name	Grade	Date
_____	Fee: \$50 _____ (Participation)	
Sport		
Is parent of child interested in coaching? Yes No (circle one)	Size: S M L XL (YOUTH) (circle one)	

1. Participants must be students in good standing at Our Lady of Perpetual Help School and must be in grades 5, 6, 7, or 8. They must model Christian 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 _____ Please make checks payable to Our Lady of Perpetual Help School.
3. Any student with a grade below a "C-" at mid-term or end of quarter will lose eligibility status for a minimum 1-week period, after which time grades will be reviewed.
4. Any student who has received 2 Detentions within the season of the sport will be ineligible for a minimum 1-week period after which time disciplinary record will be reviewed.
5. Attendance at regularly scheduled practices and games is required.
6. Students involved in after-school sports programs are under the authority of the coach and the school's Athletic Director
7. 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. Student will serve detention(s) until the uniform is turned in by due date. Should a uniform become lost or unwearable the player is responsible for replacing the uniform through the school's designated company.

8. Grooming standards are the same as for regular school days. Face paint/glitter and hair coloring are not allowed.
9. Awards will be presented at the discretion of the coach and parents. Participants and parents are urged to attend.

I, _____, (please print name) have read the policies above and will participate with full cooperation.

Student 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 transportation is being provided by *Private Car* and there is liability insurance on (this/these vehicle(s)) through driver's own company.

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 Emergency Authorization Form for school year _____ in school office.

Parent Signature

Family Physician _____ Phone _____

Insurance Company _____ Policy No. _____

My child has the following medical restrictions or requirements:

I, the undersigned, as parent or legal guardian of _____
do hereby consent to release Our Lady of Perpetual Help School 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 or Guardian)

(Date)

(Email Address)

(Home Phone)

(Work Phone or Mobile)

If parent/guardian is unavailable, please call: _____
(Name)

(Home Phone)

(Work Phone or Mobile)