

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 in unavailable, please call: _____
(Name)

(Home Phone)

(Work Phone or Mobile)