

St. Joan of Arc Athletic Permission Form

Name of Athlete _____ Grade: _____ School year _____

Sports: Basketball _____, Football _____ Volleyball _____, Cheerleading _____,

Insurance

The following information must be completed and signed by the appropriate parent or guardian and turned in to the main office before participation in student athletic activities will be allowed. If the following information is not complete, this form will be returned to you.

Parent/Guardian : _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell/Emergency Phone Number: _____

All students participating in student athletic activities at St. Joan of Arc must have their own medical coverage. Students will not be allowed to participate in student athletic activities unless the following information is submitted and the form is signed by the parent or the guardian of the student.

Insurance Company: _____

Policy Holder: _____

Policy and Group Number: _____

Address or phone number of insurance company:

Signature of Parent or Guardian: _____

Waiver of Liability

We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the student. I hereby give permission to the staff of St. Joan of Arc Catholic School to seek during the period of school athletic activities, appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student's insurance policy detailed on page 1 of this form. I/We the undersigned, for ourselves, our heirs, our executor and administrator, waiver, release, and forever discharge St. Joan of Arc Catholic School and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while at school.

Signature of Parent or Guardian _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

ST JOAN OF ARC ATHLETIC CONTRACT

Please initial each statement below to acknowledge your agreement to this contract. Then sign the form at the bottom and return to the Athletic Director to be eligible for participation.

As a St. Joan of Arc Student-Athlete...

____ I will strive to give my best to the team in every practice and every game.

____ I will be on time for all practices and games.

____ I will not miss a practice or game because of another outside sport or extra-curricular activity unless approved by the coach or athletic director.

____ This experience is an opportunity to learn not only _____ (sport), but also teamwork with all its inherent responsibilities. There will be times when I will follow someone's lead and there will be times when I must assume that lead – I always have a contribution to make to my team.

____ I will take my coaches' directions and comments as constructive suggestions, which make me a better athlete and my team a successful unit.

____ Practice is where I learn the concepts of the game. How I apply those concepts in mind and body in practice will carry over into the game situation.

____ I will always play hard, but always will be a fair sport whether we are winning or losing the game, realizing that everyone on my team and my opponent's team is playing for fun and the competitive experience.

____ I will carry these principles to my schoolwork and my family life with the realization that these are of greatest importance and take precedence to any sport.

____ I will be an example of Christ in all my actions on and off the field/court of competition.

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE ATHLETIC DIRECTOR