



DeSales Catholic School

Challenged by Faith. Inspired by Knowledge.

REGISTRATION & PARENT PERMISSION FOR SPORTS PARTICIPATION

Student Name: _____ Grade: _____

Student Homeroom: _____

Name of Parent(s) / Guardian(s): _____

Address: _____ **Email:** _____

Home Tel: _____ Work Tel: _____ Cell: _____

_____ has my permission to participate in Track during the 2011 school year. She/he will be expected to attend all scheduled practices and games.

If you would like to coordinate/coach or assist, please indicate: **Coach / Assist**

Name: _____ Phone: _____

In case of an emergency and I cannot be reached, call:

Name: _____ Phone: _____

Relationship to student: _____

Or

Name: _____ Phone: _____

Relationship to student: _____

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

My child has received a medical release to participate in Track and he/she has been in good health since, having no accidents or major illness.

Please complete a Sports Medical Release Form (Unless one has been submitted and on file for the current academic year).

Parent Signature: _____ Date: _____