

**Archdiocese of Los Angeles  
Department of Catholic Elementary Schools  
Athletic Activity Permission Form**

ATHELETIC ACTIVITY: (Circle One)

Volleyball      Flag Football      Basketball      Softball      Track and Field Competition  
**Soccer (CYO)**                      **Cheerleading (\$60)**      Golf (CYO)      **Soccer Camp (\$30)**

LEVEL: (Circle One)    Varsity      "B"      "C"      PARTICIPATION FEE: **\$75 for A team**  
**\$60 for B/C team**  
**\$50 for 1<sup>st</sup> time Golf player; \$30 for returning Golf player**

PARTICIPANT'S NAME: (Please Print) \_\_\_\_\_

GRADE: \_\_\_\_\_                      BIRTH DATE: \_\_\_\_\_

I, THE PARENT/GUARDIAN OF THE ABOVE MENTIONED CHILD, HEREBY REQUEST THAT MY CHILD PARTICIPATE IN THE ATHLETIC ACITIVITY LISTED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM WITH DIRECTIONS AND INSTRUCTIONS OF THE SUPERVISORY ARCHDIOCESAN PERSONNEL RESPONSIBLE FOR THE ATHLETIC ACITIVITY.

I AGREE THAT IN THE EVENT MY CHILD IS INJURED AS A RESULT OF HIS/HER PARTICIPATION IN THE ABOVE LISTED ATHLETIC ACTIVIITY, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITY, WHETHER OR NOT CAUSED BY THE NEGLIGENCE (ACTIVE OR PASSIVE) OF THE SCHOOL OR ARCHDIOCESAN ATHLETIC ACTIVITY PROGRAM OR AN OF ITS AGENTS OR EMPLOYEES, RECOURSE FOR THE PAYMENT OF ANY RESULTING HOSPITAL, MEDICAL, OR RELATED COSTS AND EXPENSES WILL FIRST BE MADE AGAINST ANY ACCIDENT, HOSPITAL, OR MEDICAL INSURANCE OR ANY AVAILABLE BENEFIT PLAN OF MINE OR OF MY SPOUSE.

I HEREBY GIVE PERMISSION TO THE PHYSICIANS SELECTED BY THE ATHLETIC SUPERVISORY PERSONNEL THEN PRESENT TO RENDER MEDIAL TREATMENT DEEMED NECESSARY AND APPOPRIATE BY THE PHYSICIAN.

I AM NOT AWARE OF ANY MEDICAL CONDITION OF MY CHILD WHICH WOULD RENDER IT INAPPROPRIATE FOR HIM/HER TO PARTICIPATE IN ANY SUCH ACTIVITY.

\_\_\_\_\_  
*Parent/Guardian Name (Please Print)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Home Address (Street, City, Zip)*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Work Phone*

\_\_\_\_\_  
*Cell Phone*

***PERSON (OTHER THAN PARENT/GUARDIAN) TO NOTIFY IN CASE OF EMERGENCY***

\_\_\_\_\_  
*Name (Please Print)*

\_\_\_\_\_  
*Phone*

EMAIL: \_\_\_\_\_