

# St. Bartholomew School Soccer Team

## PERMISSION SLIP

(PLEASE PRINT, EXCEPT WHERE SIGNATURES ARE REQUIRED)

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(STREET) (TOWN) (ZIP CODE)

EMAIL ADDRESS \_\_\_\_\_

MOTHER \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

FATHER \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

Allergies Yes \_\_\_ No \_\_\_ If yes please list: \_\_\_\_\_

### I UNDERSTAND THAT IN ORDER TO PARTICIPATE, I/WE MUST:

1. Have this form signed by my parents or guardian giving their approval for participation.
2. Submit a complete health history questionnaire (part A), Self-Administration and/or Designee Administration of Medication form (if applicable), and pass a Physical Examination (part B). If medical exam was completed more than 60 days prior to the first practice session, the parent/guardian shall provide a health history update of medical problems experienced since the last medical examination. This should be completed and signed by the parent/guardian.
3. Be eligible according to New Jersey State Interscholastic Athletic Association and St. Bartholomew School rules.
4. Agree to obey all athletic eligibility rules and policies, including those pertaining to practice periods and squads established by the coaches, and to conduct myself at all times in a manner in which reflects favorably on myself, St. Bartholomew School, and my teammates.
5. Provide own transportation to and from practice and games.
6. Pay the required activity fee. **\$100.00**
7. Return school issued uniform in laundered and in good condition or pay replacement fee **\$60.00**

### RISK/INJURY POTENTIAL

Student: I fully understand my responsibility to my team and to myself.

Parents: My son/daughter fully understands his/her responsibilities and has my permission to participate. I/We realize that such activity involves the potential for injury which is inherent in all sports. I give school personnel permission to provide emergency care as necessary, in the event of injury and follow up care as needed.

**My son/daughter and I have read, understand and agree to the information concerning athletic participation.**

X \_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
SIGNATURE OF PARTENT/GUARDIAN

\_\_\_\_\_  
DATE