



ST. CHARLES BORROMEIO CATHOLIC SCHOOL



Athletic Department Parental Consent Form Soccer & Volleyball 2017



Player Placement: All eligible players will be placed on St. Charles teams. An individual will only be considered ineligible if the student warrants academic suspension or through conduct not compatible with team practice and play. We do not cut players. We reserve the right to place players on teams according to numbers, competitive levels, etc. If ever we believe a player would be best placed on a team where the majority of the players on that team would be two grades above, we will do so only with parental consent.

It is important that you check closely the practice and game schedules for finishing times. We enjoy spending time with your children, however, we would appreciate your efforts in the picking up of student athletes in a timely manner. If you know in advance you will be late, please set up alternate arrangements. Your consideration in this matter would be greatly appreciated.

All precautions will be taken for the welfare of your child in the way of equipment and proper physical conditioning. We hope that our program will help your student athlete grow physically and emotionally through this activity. We want to train them so that the school, the community and you may be proud of their disciplined efforts, both individually and as part of the team.

Sincerely,
The St. Charles Coaching Staff

FAMILY INFORMATION

Student/Participant _____ Grade _____

Parent/Guardian Name _____ e-mail _____

Address _____

Best Phone #s to Reach You During This Season: _____, _____

I, _____, grant permission for my child, _____,

Parent/Guardian Name

Student/Participant's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact _____ Relationship _____ Phone _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

SIGNATURE

DATE

OPTIONAL MEDICAL INFORMATION

Medication my child is taking at present _____

Health conditions my child has _____

**If you have specific health concerns about your child, please speak to his/her coach.

I understand the conditions for team play and am willing to abide by these conditions.

Signature of Student Athlete: _____

Fee: \$50.00

