

SPORTS PERMISSION SLIP 2016-2017

My son/daughter/ward _____ has permission to participate in after school sports;

- | | |
|---|--|
| <input type="checkbox"/> Varsity Volleyball | <input type="checkbox"/> Modified Basketball |
| <input type="checkbox"/> Modified Cross Country | <input type="checkbox"/> Varsity Basketball |
| <input type="checkbox"/> Varsity Cross Country | <input type="checkbox"/> Soccer |

He/she has permission to use school provided transportation or to go by car pool to away games, and I will make reasonable arrangements for transportation to practices and home games.

I authorize the coach to secure for my son/daughter/ward any emergency medical care deemed necessary by a competent medical authority.

- My son/daughter/ward has their 2016-2017 physical exam form on file in the school office.
- My son/daughter/ward is scheduled to have a required physical exam on _____.

- The fees for student sports participation are included in tuition. Tournament fees or other charges (e.g. non-returned uniform) may be added.

Signature: _____ Date: _____