

**TRINITY CATHOLIC HIGH SCHOOL**  
**SCHOLAR-ATHLETE PERMISSION FORM**  
2007-08

In consideration of my son/daughter's participation in interscholastic sports at Trinity Catholic High School, I hereby release and discharge the said Trinity Catholic High School and / or Archdiocese of Boston and any and all parties in interest from all claims, demands, grievances and causes of action of every kind whatever and including, but not limitation of the foregoing, all liability for damages of every kind, nature or description now existing or which may hereafter arise or out of damages, known and unknown, permanent or otherwise, received by my son/daughter while participating in interscholastic athletics as a student of Trinity Catholic High School.

I understand that there is an inherent risk in playing interscholastic athletics and that the range of form of injury can be minor to severe, including paralysis or death. In the event of injury to my son/daughter while participating as a member of interscholastic athletics at Trinity Catholic High School, I hereby grant permission to the Athletic Director and /or a member of the coaching staff to authorize medical treatment for my child in my absence.

I understand that there are times when coaches will provide team transportation to practices and games in school vans and I grant permission for such activity. Additionally, there are other times when transportation will not be provided to home fields for practices and games and student-athletes will still be expected to safely arrive to the practice or game on time.

I understand that I am responsible to arrange to pick up my son/daughter within 30 minutes of the end of the day's athletic activities. After 30 minutes have passed and I have not shown up to pick up my son/daughter or contact said son/daughter, I hereby grant permission for the Coach and/or Athletic Director to call a cab company to send my son/daughter home and excuse Trinity Catholic from responsibility for overseeing my son/daughter once off campus. I understand that the coach will pay for the cab ride in advance, and therefore it is my responsibility to reimburse the school the day after the incident.

I understand that my child will receive equipment/uniforms for the season. I guarantee all equipment/uniforms issued will be returned at the conclusion of the season or I will assume twice the replacement cost.

Please fill in the information below and **RETURN TO HEAD COACH OF YOUR TEAM**

NAME OF ATHLETE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SPORT: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME OF PARENT(S) / LEGAL GUARDIAN(S): \_\_\_\_\_

LIST ALL PHONE NUMBERS FOR PARENT(S),  
AND LEGAL GUARDIAN(S): \_\_\_\_\_

ATHLETE'S HOME ADDRESS: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT PERSON: \_\_\_\_\_

PHONE NUMBERS OF ALTERNATE EMERGENCY CONTACT PERSON: \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE NO. \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_ POLICY NO. \_\_\_\_\_

I have read and understand the rules and regulations stated above and in the Student, Athletic, and MIAA Handbook.

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_