

TRINITY CATHOLIC HIGH SCHOOL
SCHOLAR-ATHLETE PERMISSION FORM
2009-10

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 and home sites for practices and games and student-athletes will be expected to safely arrive, while obeying all traffic laws, to the practices and / or games 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, all students are to leave campus and head directly home.

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. As is policy within the athletic department, families of students who have lost uniforms pieces belonging to the school will be charged twice the amount of the uniform piece. Failure to produce this payment in a timely manner could result in a student being pulled out of classes until payments are finalized.

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: _____