

**ST. JOSEPH HIGH SCHOOL  
ATHLETIC DEPARTMENT  
PERMISSION FORM**

**SPORT** \_\_\_\_\_  
**LEVEL** \_\_\_\_\_

NAME \_\_\_\_\_ YEAR IN SCHOOL \_\_\_\_\_  
 HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX: MALE FEMALE  
 STREET ADDRESS \_\_\_\_\_ TOWN/ZIP CODE \_\_\_\_\_  
 BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 PARENT/GUARDIAN \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
 WORK PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_  
 EMERGENCY CONTACT \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 (OTHER THAN ABOVE)

**OFFICE** PHYSICAL DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
**USE**  
**ONLY** ATHLETIC FEE \_\_\_\_\_ STAFF SIGNATURE \_\_\_\_\_

As a parent/guardian of \_\_\_\_\_, I hereby give permission for her/him to participate in athletics at St. Joseph High School. I also give permission for emergency medical care if I cannot be contacted in case of injury.

As a participant, I will be responsible for obeying the training rules as determined by the school and head coach. As a participant, I will be responsible for the return of all equipment issued to me and will not be allowed to participate in the next sport until all equipment is returned or paid for.

As a participant, I understand St. Joseph High School will provide safe equipment for my use and coaches will follow sound teaching procedures in all activities. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction.

I also understand through participation in the above activity, I am risking the possibility of serious injury, and even death, and accept that risk. To date there are no proven cases of HIV or Hepatitis B transmission through athletic competition. I understand that some competitors may be HIV/Hepatitis B positive and that I risk a theoretical possibility of exposure to HIV/Hepatitis B infection if I am exposed to blood in practice or competition.

Athletics and Activities often receive publicity over the airwaves, on the St. Joseph High School website, in the print media, and programs. You should be aware that your son/daughter(s) pictures or name may be used or appear in any or all of the above.

**I will have a current physical and parent permission sheet signed by my parent/guardian in the Athletic Office before I start practice in the above sport. There is a \$100.00 per sport athletic fee which is non-refundable if a student has participated two or more weeks.**

As a member of this St. Joseph High School Activity/Sport, I understand that St. Joseph will provide transportation to and from contests at other schools. St. Joseph High School cannot be held liable for accidents that may occur while being transported to and from scheduled activities.

St. Joseph High School will provide secondary insurance coverage. However there may be a deductible applied to each on the school district coverage.

My parent(s)/guardian(s) and I have read the above statement and the code of conduct. I understand that it is my responsibility to be knowledgeable of its contents. I understand and agree that I will contact any coach or administrator immediately with any questions or misunderstandings I may have regarding my rights and/or responsibilities.

Please indicate any and all medical allergies that you may have, in case of a medical emergency:

\_\_\_\_\_  
**SIGNED, STUDENT-ATHLETE**  
 \_\_\_\_\_  
**SIGNED, PARENT/GUARDIAN**  
 \_\_\_\_\_  
**DATE** \_\_\_\_\_