For Office Use Only
Date Received _____
Check # _____
Cash/Receipt # _____
Received by _____

ATHLETIC PERMISSION FORM FOR CHEERLEADING

Important:
The following information must be completed and signed by the appropriate parent or guardian and turned in to the School Office prior to participation in student athletic activities, including Open Gym.
***The fee for athletics of $50 must accompany this form*.**

Student Name: _____ Grade: _____
Insurance:
Parent/Guardian: _____
Address: _____
City: _____ State: _____ Zip _____
Work Phone: _____ Cell Phone _____

All students participating in student athletic activities at Annunciation Catholic School must have their own medical coverage. Students will not be allowed to participate in student athletic activities unless the following information is submitted and the form is signed by the parent or the guardian of the student.

Insurance Company: _____
Policy Holder: _____
Policy and Group Number: _____
Address or Phone Number:
_____

Hospital Preference: _____

Waiver or Liability

We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the student. I hereby give permission to the staff/volunteer coaches of Annunciation Catholic School to seek during the period of school athletic activities, appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student's insurance policy detailed on this form. I/We the undersigned, for ourselves, our heirs, our executor and administrator, waiver, release, and forever discharge Annunciation Catholic School and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while in transit to and from games/practices.

Signature of Parent/Guardian _____

Date: _____

ATHLETIC PARENT CODE OF CONDUCT

I will respect the officials and their authority during games.

I will never demonstrate threatening or abusive behavior or use foul language.

I will be responsible to report to the Athletic Director any perceived misconduct by coach, player, parent or official so it can be dealt with in the appropriate manner.

I will enjoy my child's opportunity to experience the benefits of athletics.

I will trust my child's ability to have fun as well as to perform and achieve excellence on his/her own.

I will help my child to learn the right lessons from winning and losing and from individual accomplishments and mistakes.

I will respect my child's teammates and fellow parents as well as the players, parents and coaches from opposing teams.

I will give only encouragement and applaud only positive accomplishments whether for my child, his/her teammates, their opponents or the officials.

I will respect my child's coach and support his/her efforts.

I will ensure that my child will attend all games and practices possible and, when not possible, I agree to inform the coach in advance.

I will respect all facilities made available so my child can play games and practice his/her sport.

I will respect any equipment or uniform that may be loaned to my child so that he/she can participate.

Any conduct not in line with the above could and will lead to you being asked to leave that contest and continued behavior will exclude you from coming to any further contests.

Best Regards,

The Annunciation Catholic School Athletic Department

Parent Signature: _____

Date: _____