

St. Maria Goretti School
Archdiocese of Los Angeles
Department of Catholic Elementary & Junior High Schools
Athletic Activity Permission Form

Athletic Activity: (Check one)

Volleyball ___ Flag Football ___ Basketball ___ Track & Field ___ Cheerleading ___ Golf ___ Soccer ___
Cross Country ___

Participation Level: (Check one)

Varsity "A" Team ___

Jr. Varsity "B" Team ___ (7th/8th grade) (5th/6th grade)

Participant's Name: _____
(Please Print)

Grade: _____ **Birth date:** _____

Parent/Guardian's Name: _____
(Please Print)

Home Address: _____

City: _____ **Zip Code** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

In Case of an Emergency

Name: _____
(Other than yourself)

Contact Number: _____

Please check one of the following:

___ My child _____ HAS MY PERMISSION
to travel to/from the CYO games, or competition with another parent.

___ My child _____ IS NOT PERMITTED
to travel to/from the CYO games, or competition with another parent.

Parent/Guardian's Consent

I, _____ the parent/guardian of the above name child, hereby request that my child participate in the athletic activity(s) listed above. I agree to direct my child to cooperate and conform to the directions and instructions of the supervisory archdiocesan personnel responsible for the athletic activity. I agree that in the event my child is injured as a result of his/her participation in the above listed athletic activity, including transportation to and from the activity, whether or not caused by the negligence (active or passive) of the school or archdiocesan athletic activity program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expense will first be made against any accidents, hospital, or medical insurance or any available benefits plan of mine or of my spouse.

I hereby give permission to the physician selected by the athletic activity supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity.

My child is allergic to: _____

Parent/Guardian Signature: _____ Date: _____

**Archdiocese of Los Angeles
Driver's Insurance Verification Form**

Transportation Policies

- 1. All parents who drive to games must be able to produce a valid insurance card.*
- 2. All drivers must be over 18 years old.*
- 3. All passengers must have seat belts.*
- 4. All parents transporting players other than their own must go directly to the game from school.*
- 5. If the child transported to the game is in after school care they must be returned promptly to school after the game.*
- 6. Any child that does not have a permission slip to travel signed by a parent/guardian must stay on the school grounds.*
- 7. Under no circumstances may any child leave the school grounds or game without notifying the coach.*

I carry my own Automobile Liability Insurance with limits of: \$ _____

And Medical Payments coverage with limits of \$ _____

Vehicle to be used:

Make: _____

Model: _____

Year: _____

My insurance carrier is: _____

Policy #: _____

Policy Expires: _____

My agent is: _____

Address: _____

Phone #: _____

Signed: _____ Date: _____

Address: _____ Phone#: _____

Note: This form is for use by all Employees and Volunteers who drive their personal autos on Archdiocesan School, Parish or Agency business and activities.

Form: Athletic Permission Slip