



Intramural / Parent Permission Form

The written permission of a student's parent/guardian is required for participation in intramurals/team sports and after school activities. In addition, the school system requires that the parents assume financial responsibility for all medical and hospital bills incurred as a result of an accidental injury their child sustains while involved in the program. Intramurals/team sports do involve some risk of physical injury to the child. Parents should be aware of these risks before granting a child permission to participate.

I, _____ (Parent/Guardian Name), grant my child permission to participate in intramurals and/or Team sports at Saint Peter the Apostle School.

I certify that my child has no known medical or physical condition that might make participation in intramurals and athletics detrimental or hazardous to his/her health with the possible exception of: **(please list and describe)**

If my child suffers an accidental injury while participating in intramurals or athletics, I agree to pay all of the medical and hospital bills.

I also grant permission for school officials to obtain necessary medical treatment for my child in an emergency when I cannot be contacted. I understand that reasonable efforts will be made to contact me prior to treatment.

Participants are expected to be picked up within 15 minutes of the scheduled intramural end time.

Parent/Guardian(s) Name _____ (Primary phone) _____

(E-mail) _____

Address _____ (Secondary)

_____ (Additional)

Emergency Contact Name _____ (Phone) _____ (E-mail) _____

Parent Signature _____ Date _____

Student Name: _____ Grade _____