

**Our Lady of Perpetual Help Catholic School
Parent Agreement-Permission-Emergency Form**

I give permission to my child/children: _____
Name/ Grade

to participate in “home” and “away” games or “tournaments” with car transportation.

I agree to direct my child/children _____ (name) to cooperate and conform with the direction and instructions of the supervisory personnel in charge of the OLPH Sports Program. Should it be necessary for my child/children to have medical treatment while participating in OLPH Sports Program, I hereby give the school personnel permission to use their judgment in obtaining medical service for the child/children and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I understand that any insurance benefits that are effective have limited application.

I waive all claims against the school and chaperons for injury, accident, illness or death occurring during or by reason of the OLPH Sports Program.

I, _____ have read and understand the foregoing statements and agree to assume the responsibility states and waive all claims as indicated.

I have read and agree to abide by the rules and regulations of the Our Lady of Perpetual Help Catholic School Athletic Program, as stated in the “OLPH Athletic Handbook”.

I authorize OLPH Catholic School to bill my Smart Tuition account the **fifty (\$50) dollar sports fee** per child, per sport/season and agree to pay the said amount.

In the event that my child’s sports jersey is lost, or damaged, I agree to pay a **one hundred (\$100) dollar uniform fee**, per uniform **OR a twenty five (\$25) dollar late fee** if the jersey is not returned by the announced deadline (one week after the final game of the current season). I authorize OLPH Catholic School to bill my Smart Tuition account for any additional fees incurred.

Doctor's Name

Parent or Guardian Signature

Doctor's Phone Number

Home Address

Medical Condition

Home Phone Number Cell Phone Number

Auto Insurance Name

Email Address

Auto Policy Number / Expiration Date

Driver’s License Number / Expiration Date

Number of people that can safely ride in

*** Please return this completed form to the school office before your child’s/children’s first scheduled practice ***