



Student Athlete Permission Form

I give permission for my child _____ Grade _____
to participate in the programs checked below:

I agree to support and abide by the rules and expectations of the Diocese of Bridgeport and the athletic department, including the Code of Conduct, rules of eligibility and standards for extra-curricular activities, as well as all school rules and expectations contained in the Student Handbook.

I also understand that I will assume financial responsibility for any equipment or supplies furnished to my son/daughter that are damaged and/or not returned to the school and will pay for replacement of items lost or damaged beyond normal wear.

I agree to provide an up to date sports physical for the school nurse and the athletic department of any medical, health, physical or other issue that may jeopardize the safe participation of my son/daughter as may arise throughout the school year.

Student Athlete Name (Print)	Signature	Date
Parent/Guardian Name (Print)	Signature	Date

Check Sport – one sport per season only

FALL	WINTER	SPRING
Cross Country - Co-ed <input type="checkbox"/>	Basketball – Girls <input type="checkbox"/>	Baseball – Boys <input type="checkbox"/>
Soccer – Girls <input type="checkbox"/>	Basketball – Boys <input type="checkbox"/>	Softball – Girls <input type="checkbox"/>
Soccer – Boys <input type="checkbox"/>	Swimming – Co-ed <input type="checkbox"/>	Lacrosse – Boys <input type="checkbox"/>
Field Hockey – Girls <input type="checkbox"/>		Lacrosse – Girls <input type="checkbox"/>
Volleyball - Co-ed <input type="checkbox"/>		Tennis – Co-ed <input type="checkbox"/>

A sport will be offered as long as there are an appropriate number of players to field a team.