# ST. MARY MAGDALEN SCHOOL
# AIAL of San Antonio – SPORTS TRAVEL FORM
# 2018 – 2019 SCHOOL YEAR

To: Parent/Guardian of St. Mary Magdalen School student-athlete
From: Coach Matthew Fava, Athletic Director Main Office:(210) 735-1381
Fax: (210) 735-2406

My child, _____, a St. Mary Magdalen Student-Athlete is eligible to participate in a school sponsored sports activity (football, volleyball, soccer, cheerleading, cross-country, basketball, softball, baseball, track & field, golf, and tennis) that requires permission. These sports activities will take place under the guidance/supervision of the coaching staff and Athletic Director, Matthew Fava, of St. Mary Magdalen School.

DATE OF ACTIVITY: 2018 – 2019 school year, away sport practices and games
DESCRIPTION AND PURPOSE: AIAL sports practices and games
TIME LEAVING SCHOOL: Before all away practices and games
METHOD OF TRANSPORTATION: Car or Bus

I would like my student-athlete to participate in this sports travel trip and as the parent/legal guardian, I agree to defend and fully indemnify Coach Matthew Fava or any other adult in attendance from any claim which may result from any personal actions taken by my child. I further agree to fully indemnify and hold harmless St. Mary Magdalen School, Principal William Daily, Coach Matthew Fava, or any other adult/coach in attendance any claim or cause of action whatsoever against St. Mary Magdalen School, Principal William Daily, Coach Matthew Fava, or any other adult/coach, which took place during the identified activity, which is related to that activity, if that claim or cause of action is brought by my child or their parent/legal guardian.

I hereby consent to participation by my above named child, in the sport activities described above. I certify that I have an understanding of this agreement and sports activities above that my child will participate in.

PRINT information and SIGN for your child to participate in the sports activity.

CHILD'S NAME:_____ GRADE:_____

CONTACT PHONE NUMBER: _____

EMERGENCY NUMBER: _____

PRINT PARENT/GUARDIAN NAME: _____

SIGNATURE PARENT/GUARDIAN: _____