



ALL SOULS CATHOLIC SCHOOL

Parental Permission Form

ACTIVITY Volleyball Baseball Basketball Track/Field FEE \$120.00

CHILD'S NAME _____ BIRTHDAY _____ Grade _____

HOME ADDRESS _____ PHONE _____

PARENT/GUARDIAN _____ CELL PHONE _____

PARENT'S EMAIL _____

PARENT/GUARDIAN _____ CELL PHONE _____

PARENT'S EMAIL _____

* * * * *

PERSON OTHER THAN PARENT TO CONTACT IN CASE OF AN EMERGENCY

NAME _____ PHONE NUMBER _____

* * * * *

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, hereby give my consent for EMERGENCY MEDICAL CARE prescribed by a duty licensed doctor of medicine for the above child as his/her parent (or legal guardian). This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

Medical Insurance _____ Date of Last Tetanus Shot _____

Drug Allergies _____

Medical Alert _____

Locally, we prefer Doctor _____ Phone _____

Doctor's Address _____

I, the parent (or legal guardian) of the above child, hereby, give permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the direction and instructions of the parish, school, or Archdiocese personnel responsible for the activity. I agree that in the event my child is injured as a result of his participation in the above named activity, including transportation to and from the activity whether or not caused by the negligence (active or passive) of the parish/school or Archdiocese youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related cost and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity. I, hereby give my permission to the physician selected by the youth activities supervisory personnel than present to render medical treatment deemed necessary and appropriate by the physician.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

While being sensitive to single parent situations and possible embarrassment to the children, the signature of both parents should be obtained when possible.

FOR OFFICE USE ONLY

Payment Received NO YES Cash Check # _____ Credit Card (Date) _____

UNIFORMS

I understand that the uniform must be returned in good condition to the equipment manager at the end of the season. If the uniform is not received by the equipment manager within one week of the end of the season, I understand that I will be charged a fee to replace the uniform.

Player _____ Parent/Guardian _____

PLAYERS AND PARENTS

Please sign the bottom portion of this form to show that you have received and read the All Souls Athletic Code of Ethics and Rules.

Player _____ Parent/Guardian _____

All Souls Athletic Gear

Make Checks Payable to: **ALL SOULS ATHLETICS** ☒ Return Order Form to: **Office Attn: TROY HARTMAN**

HOODIES



STYLE A
Adult Sizes
ONLY
(Fits True)

\$65

Style _____
Qty _____
Size _____
Sold to: _____
Phone: _____
Email: _____

STYLE B
Youth &
Adult Sizes
(Runs Big)

\$45



BASKETBALL SHOOTING SHIRTS



STYLE A
Youth &
Adult Sizes
(Fits True)

\$20

Style _____
Qty _____
Size _____
Sold to: _____
Phone: _____
Email: _____

POLO SHIRT



STYLE A

\$40

Style _____
Qty _____
Size _____
Sold to: _____
Phone: _____
Email: _____

STYLE B

\$35


