

Office of Catholic Schools-Diocese of Madison
ATHLETIC PERMIT CARD

Name _____ Height _____ Weight _____
Present Address _____ Telephone _____
Parents Place of Employment _____
Family Physician _____ Family Dentist _____
Name of Private Insurance Carrier _____
Policy Number(s) _____ Address _____

I hereby give my permission for the above named student to practice and compete and represent the school in interscholastic sports excepting those restricted on this card and as parent (or legal guardian) of the above named student, I agree to be financially responsible for the safe return of all athletic equipment issued to (him or her). I further grant permission for my son or daughter, named above, to be given immediate emergency care in case of injury as the result of athletic competition by the team physician or any other physician present.

Signature of Parent or Guardian

Date

Although a dental examination is not required as a prerequisite to athletic participation, it is recommended that your son or daughter visit a dentist regularly and that a good program of oral hygiene be maintained.

BOTH SIDES

8/01

PARENT:

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this code of ethics.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports events.

I will place the emotional and physical well-being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will demand a drug, alcohol and tobacco free sports environment for my child and agree assist by refraining from their use in the playing facilities.

I will remember that the game is for children and not for adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will make every effort for my child to attend all practices and games and I will give proper notification to the coach if they are unable to attend.

PARENT SIGNATURE: _____