

St. Dunstan Parish Athletics Permission Form Religious Education Student

Dear Parent/Guardian:

We are excited that your child has chosen to participate in the St. Dunstan Parish Athletics Program. The St. Dunstan Parish Athletics Program strives to encourage the physical and emotional growth of our children by establishing a program of competitive sports which stresses the concepts of individual conditioning and effort, fundamentals, sportsmanship, teamwork, responsibility, participation, and competition.

All Religious Education Program Students must meet the following eligibility criteria to participate in the St. Dunstan Athletics Program.

1. Meeting the PPSL eligibility rules (available from the Athletic Board).
2. Adhering to the guidelines in the St. Dunstan Athletic Program Handbook, including the Conduct and Academics Section (available from the Athletic Board).
3. Meeting the following *Parish* criteria:
 - a) Family must be registered in the Parish
 - b) *Student must have consistent yearly enrollment as well as weekly attendance record
 - c) Students that are home schooled are not eligible

*Probationary period of one semester will be assessed for students who do not meet the above criteria.

Each child who participates in the St. Dunstan Parish Athletics Program must have a completed Permission Slip turned in along with the athletic fee. Student athletes cannot play/practice until the permission slip and athletic fee is provided.

Each child who participates in the St. Dunstan Parish Athletics Program must be in good standing with the Parish Religious Education Program including tuition.

Uniforms must be cleaned and turned into the coach at the end of the season. A uniform fee will be assessed in the event the uniform is damaged or not returned.

I/We, the parent(s)/guardian of _____ understand and are aware of the eligibility guidelines for participation in the St. Dunstan Parish Athletics Program.

Name: _____

Date: _____

Name: _____

Date: _____



ST. DUNSTAN 2013-14 ATHLETICS PROGRAM PERMISSION SLIP

Student Name: _____ Grade: _____

Address: _____ City: _____

Home Phone #: () _____

Student's Cell Phone #: () _____

I hereby grant permission for my child to participate in: (circle one)

Baseball

Volleyball

Basketball

Track and Field

Fees: I understand there is a one-time **\$225.00 ANNUAL REGISTRATION FEE** and payment will be made **directly to the school**. This fee will allow my child to participate in one or all three school sports for this school year. The school Intramural Sports program for K through 3rd or our school Athletics program for 4th through 8th.

Photo Usage Policy and Release: By signing below, I/we ("undersigned") hereby approve the use by St. Dunstan Athletic Program of our child's(ren's) photo(s) for uses which might include the school yearbook, the website (www.st-dunstan.org), school newsletters, and school promotional materials. I,/We, the undersigned hereby release(s) St. Dunstan Catholic School, the Archdiocese, and all related persons and entities from any liability regarding the school's use of said photo(s) as described above.

Archdiocesan Policy states no child be allowed to set foot on the court/field without a signed permission slip.

Parent Name (please print): _____

Work Phone #: () _____ Cell Phone#:() _____

E-mail address: _____

Emergency contact (Other than parent): Name: _____

Home Phone #: () _____ Cell Phone #: () _____

Doctor Name: _____ Phone #: () _____

Insurance carrier: _____ I D #: _____ Grp#: _____

Please list any known medical condition(s) that the coach(es) or administrators should be aware of:

Student Athlete Statement: *I understand that by signing this document, excluding illnesses or injuries, I am committed to playing through the above designated season, or I will forfeit my opportunity to participate in the next St. Dunstan sport. Also, I will be responsible for the proper care of the equipment used and uniform issued for that sport.*

Student Athlete signature: _____ **Date:** _____

Parent Statement: *St. Dunstan and/or their coaches are not responsible for any injuries to any player. In case of an injury, I authorize the coach to obtain medical treatment in my absence. I agree to pay for any equipment or uniform items provided to my child, which are either lost or damaged through neglect or misuse.*

Parent Signature: _____ **Date:** _____

ATHLETIC BOARD USE ONLY Registration Fee Check #: _____ Date Received: _____