

ACADEMY OF THE HOLY FAMILY
54 W Main Street Baltic, CT 06330
Phone: (860) 822-9272 • FAX: (860) 822-1318

Athletic Permission Form

School year: 20_____ - 20_____

(Original form must be sent to AHF – please keep copy for your records)

Student's Name: _____ Date: _____

Date of Birth: _____ Date of Last Physical: _____ (every 13 months)

This application to compete in interscholastic athletics for the Academy of the Holy Family is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the CIAC or the Academy of the Holy Family policies. I will adhere to the rules and regulations set forth by the Academy of the Holy Family and the CIAC. Furthermore, I understand that I will be held responsible for athletic equipment checked out by me. I recognize that it is a privilege to compete in athletics and will strive to earn respect from my school, community, and myself.

Signature of Student

Date

Parent/Guardian's Permission

I hereby give my consent for the above student (print) _____ to:

1. Represent the Academy of the Holy Family in Interscholastic athletic activities circled below:

☐ BASKETBALL

☐ SOCCER

☐ SOFTBALL

☐ SCOREKEEPER

☐ MANAGER

2. Accompany any school team of which she is a member on any of its local or out-of-town trips. I authorize the school personnel to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the above student in the course of such athletic activities or such travel.

SIGNATURE OF PARENT/GUARDIAN

DATE

ACADEMY OF THE HOLY FAMILY

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, (print) _____, hereby acknowledge that I realize by participating in the following:

☐ Basketball ☐ Soccer ☐ Softball ☐ Scorekeeper ☐ Manager

I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing my self by participating in the above sport(s).

SIGNATURE OF STUDENT

DATE

ACKNOWLEDGEMENT OF WARNING BY PARENT

I, the parent/guardian of _____, hereby acknowledge that I realize that my daughter/ward named above may suffer serious injury, including but not limited to sprains, factures, brain damage, paralysis or even death by participating in the sport(s) of ☐ Basketball ☐ Soccer ☐ Softball
☐ Scorekeeper ☐ Manager

Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to my daughter/ward named above which may result, I give my consent for my daughter:

(print name please) _____ to participate in school sport(s) as above.

SIGNATURE OF PARENT/GUARDIAN

DATE