

AMHS Parent Permission for Athletic Participation – Spring 2010

PARENT OR GUARDIAN Please complete the following required information form to enable your student athlete to participate in Interscholastic Athletics. *Please print.*

Student Name _____ Home Phone _____

Address _____ City/Zip _____

Parent E-mail Address _____

Parents / Guardian	Phone (Day)	Phone (Evening)	Phone (Cell)

Students must have medical insurance to participate in a school sport. The following information must be completed:

Physician _____ Phone _____

Physician's Address _____

Preferred Hospital _____

Insurance Co. _____ Policy No. _____

Please mark the sport in which your student will be participating:

- | | |
|--|--|
| <input type="checkbox"/> Boys' Baseball
<input type="checkbox"/> Boys' Golf
<input type="checkbox"/> Track | <input type="checkbox"/> Girls' Fastpitch
<input type="checkbox"/> Girls' Golf
<input type="checkbox"/> Boys' Soccer |
|--|--|

PARENT PERMISSION This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning and athletic training. In the event of an accident or illness, I understand that reasonable efforts will be made to contact the parent immediately. However, if I am not available, I authorize AMHS to secure emergency medical care as needed. Although I understand that AMHS will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. I hereby consent to the student participation in the activity and do not hold AMHS responsible for anything other than negligence shown by AMHS.

PUBLICITY PERMIT I give permission for this student athlete to appear in any publications for the purpose of telling of activities happening at AMHS. I understand that these publications might include school informational or promotional brochures, pictures, newspaper articles and / or newsletters relating to school activities.

- Yes No

MEDICAL RELEASE I, _____, declare that I am the parent or legal guardian of _____, a minor. In the event that my child is injured or should require medical attention, I hereby request you to contact our physician. In the event that the doctor cannot be reached, I hereby authorize the necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's treatment. If possible, confirmation of this authorization should be made prior to treatment by calling me at the listed phone.

Parent Signature _____ Date _____

Archbishop Murphy High School Athletic Department

Transportation to and from sports practices and home games

Parents are requested to talk to their students concerning transportation and correct behavior when riding with another student driver. A school van is available for transportation when practice fields/courts are not within walking distances and families are unable to provide transportation. For all away games, students will ride in official vehicles with the team or with designated parent or adult chaperones.

Student Name: _____

Check & sign all that apply.

Because some AMHS practices and home games are off campus,

- My student may ride with a coach and/or a parent chaperone.

Signature

- My student has permission to drive her/himself to and from the practices or home games.
Please attach proof of license and insurance.

Signature

- My student has permission to transport AMHS students if their parents and guardians give permission to do so. ***Please attach proof of license and insurance.***

Signature

- My student may ride with other licensed and insured AMHS students who have been given permission to transport students.

Signature