



Athletic Participation Permission Form

Sport: _____

Season: Fall Winter Spring

Please complete and sign the *Athletic Participation Permission Form* below for your child to participate in ANY school athletic activity and return it to the school office *as soon as possible*. No student will be allowed to participate in any sport activity until this form has been returned to the school office.

Student's Name: _____ Grade: _____

Address: _____

Phone: _____ Age: _____ Date of Birth: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician's Name: _____ Phone: _____

In case of emergency and I cannot be reached, please call:

Name: _____ Phone: _____

Relationship to student: _____

Name: _____ Phone: _____

Relationship to student: _____

Please indicate any *allergies* or *health conditions* that we should be aware of:

My child has my permission to participate in the above mentioned *Shrewsbury Christian Academy* athletic activity. If I cannot be reached in case of an emergency, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

- I understand my child will be expected to attend all scheduled practices and games.
- I understand that my child will be transported by parent volunteers to and from practices and games and has my permission to do so.
- I understand that by giving my child permission to participate, that *I am allowing my child to be removed from carline or the bus list to attend all practices and games unless a note is sent to the office stating otherwise.*
- I understand that my child may *not* participate in practices or games if absent from school due to illness on that day.
- I understand that my child may not participate in any SCA sponsored athletics if they are on Academic Probation.
- I understand that a strict code of conduct will be enforced at all times.
- I understand that my child is responsible for all equipment /uniforms issued, and if any of the equipment /uniforms issued are not returned in proper condition, I am liable for their replacement.

Parent's Signature: _____

Date: _____