

DIOCESE OF KANSAS CITY – ST. JOSEPH
Permission to Participate

Name of Student _____

Name of School _____

Academic School Year _____ Grade _____ Birth Date _____

Sport(s) for which Permission to Play is Granted (please circle all the sports your child will participate in this school year):

Football Basketball Volleyball Track

I, the parent/guardian of _____, request that the
Name of Student

School allow Student to participate in the sport(s) circled above. We understand that the School will attempt to provide reasonable supervision for Student. However, we also understand that injuries may occur or other health issues may arise during athletic practices or competitions; these injuries may, on rare occasions, be serious or even fatal.

In consideration for providing Student with the opportunity to participate in this/these sport(s), I hereby release and hold harmless the Catholic Diocese of Kansas City – St. Joseph, the School, their employees and volunteers from any liability for any injury that Student may sustain while participating in such activity.

Signature of Parent/Guardian

Date