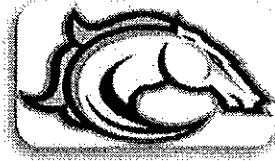




St. Michael Catholic High School Mustang Athlete Permission Form



Parent/Guardian Consent:

_____ (student Name) has my permission to try out for and/or play as a member of the above mentioned team. I/we understand that:

1. The risk of injury exists in every athletic activity. Falls, collisions, and other incidents may occur and cause injury. Injuries can range from minor sprains and scrapes to more serious injuries affecting the head, neck or back, which can be life threatening. The chances of injury occurring can be reduced, by students carefully following instructions at all times, while engaged in physical activity. The Catholic District School Board of Eastern Ontario (Board) attempts to manage as effectively as possible the risk involved for students while participating in school athletic programs.
2. The Board does not provide any accidental insurance for its students participating in athletic events. For coverage of injuries, the Board recommends the Student Accident Insurance Plan made available by the school to parents at the beginning and throughout the school year.
3. Team members travel to other schools for competition via school selected modes of transportation. These students will be returned to the school and will then have to make their own arrangements to get home, excluding in-town competitions.
4. Team practices may be held before school, at lunch hour, after school or early evening. The times and dates will depend upon gym availability and coach preference. Transportation to and from practices will be the responsibility of parents or students.

I/we have read and understand the notices written above. I/we hereby acknowledge and accept the inherent risk in the requested activity and assume responsibility for my son/daughter for personal health, medical, dental and accident insurance coverage.

ATHLETE NAME: _____

SIGNATURE: _____

SPORT'S TEAM: _____

COACH: _____

PARENT'S SIGNATURE _____

DATE _____