



Presentation of Mary Academy Athletic Department

Parental Permission Slip

Student-Athlete's Name (please print) _____

Grade: _____

Date of Birth: _____

Date of Last Physical Exam: _____

Allergies: _____

I request that my child _____ be allowed to try out for and if accepted, compete in the following sport _____.

I agree not to hold Presentation of Mary Academy, its staff, or its coaches liable for injuries to or property lost or stolen from my child while taking part in this sport. I further agree, in the event of an accident, if the athletic staff is unable to reach me that they may authorize reasonable emergency medical care.

Signature of Parent or Guardian

Print Parent/ Guardian Name

Please list telephone numbers to be used in case of an emergency:

Home: _____

Mother/Guardian Cell: _____ Father/Guardian Cell: _____

Health Insurance Company _____ Account # _____

Does your child have a medical condition or problem that our coaches should be made aware of? **If yes,**
please describe below. If no, please write that below.
