

**STELLA MARIS ACADEMY  
SCHOOL SPORT PERMISSION SLIP**



Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in a school-sponsored sport at a location away from the school site. This activity will take place under the guidance and supervision of employees, parents or volunteer coaches from Stella Maris Academy. A brief description of the activity follows:

SPORT:

DESIGNATED SUPERVISOR OF ACTIVITY OR COACH:

DAYS AND TIMES OF PRACTICES AND GAMES:

STUDENT COST: **\$40.00 (check payable to Stella Maris Academy)**

If you are requesting that your child participate in this event, please complete, sign and return the following request for participation. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by named student.

**WE HEREBY RELEASE AND HOLD HARMLESS STELLA MARIS ACADEMY AND ANY AND ALL OF ITS EMPLOYEES, PARENTS OR VOLUNTEER COACHES FROM ANY AND ALL LIABILITY FOR ANY AND ALL HARM ARISING TO MY CHILD AS RESULT OF THIS SPORT ACTIVITY.**

I Request that my child \_\_\_\_\_, a student in Grade \_\_\_\_\_, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated days, times and games. I further consent to the condition stated above for this sport activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**EMERGENCY MEDICAL TREATMENT:** In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me, contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Telephone Number

**I ALSO AUTHORIZE THE DESIGNATED SUPERVISOR TO ADMINISTER MINOR FIRST AID TREATMENT TO MY CHILD.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date