

Please fill out and return this form if your child

Diocese of Youngstown  
Office of Catholic Schools

## ELEMENTARY ATHLETIC PARTICIPATION FORM

\_\_\_\_\_  
School

\_\_\_\_\_  
City

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent(s)/Guardian(s)

I hereby request that the above-named student be permitted to participate in the interschool/intramural athletic program for the \_\_\_\_\_ school year. I hereby assume all responsibility in the event of accident or injury. I also understand that the parish and coaches cannot be held liable for any injuries received while participating in the interschool/intramural athletic program.

No student may participate in athletic programs without proof of medical insurance. In order to participate in the athletic program sponsored by diocesan elementary schools, all students must either show evidence of family hospitalization insurance, which covers athletic injuries, or have purchased a special insurance plan, which covers the same. Information regarding such plans is available in the school office.

\_\_\_\_\_  
Name of Medical Insurance Company

\_\_\_\_\_  
Mr.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mrs.

\_\_\_\_\_  
Date

(Signature of both parents/guardians required)