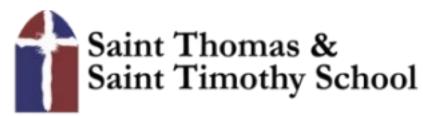


Sports Permission Form and Emergency Information

26 171	1	1 11
My child,, entering g to participate in the competitive athletic program a	grade, (boy) (girl) is in good health	and able
that I am responsible for providing adequate insura		
my permission to participate in the STA sports pro		
child to participate in).		J
WINTER:		
4th Grade Basketball		
5th Grade Basketball		
I give Saint Thomas the Apostle School's represen		
I give Saint Thomas the Apostle School's represent reatment in the event of an injury and agree to account to the event of an injury and agree to account to the event of the		
treatment in the event of an injury and agree to acc	cept financial responsibility for this treat	
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treatment in the event of an injury and agree to acc	cept financial responsibility for this treat	

(Emergency Contact Information on next page)



Emergency Contact Information

Parent's Home Phone:	Email Address:
Mother/Guardian's Work Phone:	
Father/Guardian's Work Phone:	
Emergency Contact Person	
Name:	Phone:
In case of emergency, hospital preference:	
Physician's name:	Phone:
Dentist's name:	Phone:
Does your child wear contact lenses?	
injuries, medications taken, etc. If a probl	ich the coach should be made aware, e.g. asthma, current em regarding these conditions arises, how do you wish the if necessary. (Please write N/A if there are none)