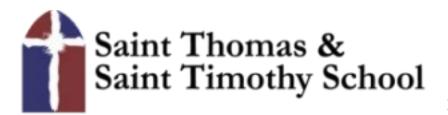


Sports Permission Form and Emergency Information

	, entering grade, (boy) (girl) is in good health and able
to participate in the competitive at	hletic program at the Saint Timothy Middle School. I realize that
I am responsible for providing ade	equate insurance in the event of accidental injury. He/she has my
	MS sports programs below. (Circle the sport(s) you wish for your
child to participate in).	
erina to paracipate inje	
FALL:	WINTER:
Coed Soccer	6 th Grade Girls Basketball
Coed Cross Country	6 th Grade Boys Basketball
,	7 th and 8 th Grade Girls Basketball
	7 th and 8 th Grade Boys Basketball
SPRING:	· · · · · · · · · · · · · · · · · · ·
Boys Baseball	
Girls Softball	
Ollis Soltball	
I . C . /T. /1 M. 111 C 1	12
•	ol's representative permission to authorize emergency medical
treatment in the event of an injury	and agree to accept financial responsibility for this treatment.
(Signature of parent/guardian)	(Date)



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?	<u> </u>
coach to handle it? Use additional sheets if ne	regarding these conditions arises, how do you wish the cessary. (Please write N/A if there are none)