

ST. DENNIS ATHLETIC PERMIT CARD

Student Name: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Email Address (to contact parents): _____

Mother's Name: _____

Place of Employment: _____

Daytime Phone #: _____

Father's Name: _____

Place of Employment: _____

Daytime Phone #: _____

Student's Physician: _____

Phone #: _____

Student's Dental Provider: _____

Phone #: _____

Health Insurance Provider Name: _____

Policy/Member #: _____

I hereby give permission for the above-named student to practice, compete and represent St. Dennis Catholic School at St. Dennis sporting events. I agree to be financially responsible for the safe return of all athletic equipment issued to the student. I further grant permission for my son/daughter to be given immediate emergency medical care in case of injury as the result of any practice or competition by any physician present. I understand that St. Dennis Catholic School and the Athletic Committee Board members are not responsible for any medical expenses resulting from injuries sustained.

Signature of Parent/Guardian

Date