

## **Parental Consent Form For Athletic Participation**

I hereby give my consent for	to
participate and compete for St. Mary School in OSAA approved sports and	
the team when necessary for	(name of
sport).	
In case of injury to my child, I understand the coaches will contact the eme	rgency
number or numbers I have listed below. Upon notification, the injured pla	yer's
parent/guardian will exercise one of these options:	
1. Pick up the injured player and transport him or her to the doctor.	
2. Call an emergency vehicle to transport the injured player to emergen	ncy medical
care.	
Pertinent Medical Information (e.g. Allergies, etc.):	
Parent/Guardian home phone:	
Parent/Guardian work phone:	
Parent Cell:	
Parent Email (for updates and cancellations):	
Parent Signature : Date:	