

**2017-2018 HOLY FAMILY ELEMENTARY
SPORTS INTEREST/PERMISSION/MEDICAL RELEASE FORM**

Please Check All Sports Boxes Below That Your Child Will be Participating In

<input type="checkbox"/>	Cross Country (2nd - 5th Grade)
<input type="checkbox"/>	Archery (4th Gr. - 5th Grade)
<input type="checkbox"/>	Cheerleading (3rd - 5th Gr.)
<input type="checkbox"/>	Boys Basketball (1st - 5th Gr.)
<input type="checkbox"/>	Girls Basketball (1st - 5th Gr.)

<input type="checkbox"/>	Girls Track (K - 5th Gr.)
<input type="checkbox"/>	Boys Track (K - 5th Gr.)
<input type="checkbox"/>	Wrestling (K - 5th Gr.)
<input type="checkbox"/>	
<input type="checkbox"/>	

PLEASE NOTE:

- HFS Permission & Medical Release Form Below Is Required To Be Completed & Turned In To The School Office Before Participation.**

Team Playing For – Holy Family Gender _____ Grade _____ Age _____

Student's Name _____ Student's Birth Date _____

Student's Shirt Size (Please Circle) YS YM YL YXL AS AM AL AXL A2X

Student's Short Size (Please Circle) YS YM YL YXL AS AM AL AXL A2X

Parent/Guardian Name _____

Emergency Cell Phone Number(s) _____ or _____

Email Address _____

Address - _____ City - _____ Zip _____

In consideration of my child's participation on all Holy Family's sports teams marked above, I for myself, my child, my executors, and administrators, and assignees do hereby release and discharge the School, Principal, School Board of Directors, league, the Coaches, the referees, and it's agents and employees from any and all claims for damages causes of actions what so ever in any manner arising out of my child's participation. I state that I have full knowledge of the risk involved on their participation, and my child is physically able to participate with Holy Family sports teams.

Parent /Guardian Signature - _____ Date - _____

Medical Clearance Form

I, the undersigned confirm that my child, _____ is medically able to participate as a player in all sports marked above. I am aware that the anticipated participation involves vigorous cardiovascular and muscular stress.

Parent /Guardian Signature - _____ Date - _____