

PERMISSION TO PARTICIPATE IN ATHLETICS

I HEREBY GIVE PERMISSION TO (STUDENT'S NAME) _____
TO PARTICIPATE IN SPORTS AT THE SCHOOLS OF ST. BENEDICT AND, AS A
PARTICIPANT, TO TRAVEL UNDER THE COACH'S DIRECTION AND AUTHORITY
FROM THE TIME OF DEPARTURE UNTIL THE RETURN ARRIVAL.

NAME OF FATHER'S WORK _____
WORK ADDRESS _____
WORK PHONE NUMBER _____

NAME OF MOTHER'S WORK _____
WORK ADDRESS _____
WORK PHONE NUMBER _____

HOME ADDRESS _____
HOME PHONE NUMBER _____
CELL PHONE NUMBER(S) _____

INSURANCE COMPANY NAME _____
POLICY # _____ NAME OF POLICY HOLDER _____

SPECIAL MEDICAL INSTRUCTIONS _____

SIGNATURE OF PARENT / GUARDIAN

DATE