



Saint Mary's Schools PreK-12

50 Richland Street

Worcester, MA 01610

Phone: (508) 753-0484 - Elementary School

Phone: (508) 753-1170 - Junior/Senior High School

www.stmarysworcester.org

ATHLETIC PARENTAL CONSENT FORM

Student Name: _____ Grade: _____

The following two (2) items must be on file with the school office

- An Athletic Parental Consent Form signed by parents/guardian
- A Physical Examination completed signed by the examining physician

Please circle the sport(s) of which you intend to try out for:

<u>Boys Sports Offered</u>			<u>Girls Sports Offered:</u>		
Fall:	Winter:	Spring:	Fall:	Winter:	Spring
Soccer	Basketball	Baseball Track & Field	Soccer Volleyball	Basketball	Softball Track & Field

Parent Section:

Having read the statement below, I hereby give permission for my child, _____ to actively participate in sports from August 2015 through June 2016.

Parent Signature

Purpose of Consent Form:

The purpose of this form is to secure the consent of the parent/guardian for the participation of a student in our Athletic program, with the understanding that the school will provide the following safeguards for the physical protection of the student while taking part in school athletics, namely:

- *Supervision by coaches during practices and games
- *The parent/guardian agrees to absolve the school authorities from liability in case of injury.

Please complete Parent Consent and Physical Forms and send back to the main office:

St. Mary's Schools
50 Richland Street
Worcester, MA 01610
Fax: 508.795.0560