

Diocese of Youngstown
Office of Catholic Schools

ELEMENTARY ATHLETIC PARTICIPATION FORM

School

City

Name of Student

Grade

Student's Address

Phone Number

Date of Birth

Name of Parent(s)/Guardian(s)

I hereby request that the above-named student be permitted to participate in the interschool/intramural athletic program for the _____ school year. I hereby assume all responsibility in the event of accident or injury. I also understand that the parish and coaches cannot be held liable for any injuries received while participating in the interschool/intramural athletic program.

No student may participate in athletic programs without proof of medical insurance. In order to participate in the athletic program sponsored by diocesan elementary schools, all students must either show evidence of family hospitalization insurance, which covers athletic injuries, or have purchased a special insurance plan, which covers the same. Information regarding such plans is available in the school office.

Name of Medical Insurance Company

Mr.

Date

Mrs.

Date

(Signature of both parents/guardians required)