



For Office Use Only	Physical date _____
	Initial _____

PARENTAL PERMISSION FORM
For 2009-2010
St. Cyril of Alexandria Sport Program
Grades 5-8 (4th grade-track only)

Please carefully read and check off the information below:

- I hereby consent to _____, grade _____, participating in the St. Cyril Sports Program for the school year 2009-2010. His/her birth date is _____.
- I understand that my child may not participate in the program until the seasonal fee of \$45 has been paid.
- I understand that my child may not participate in the program until all forms have been returned. These forms include the St. Cyril Emergency form, Parental Permission form, Sports Information form, Diocesan Permission form, Diocesan Emergency Treatment form and current St. Cyril physical exam form.
- I understand that good sportsmanship and proper behavior is expected of St. Cyril athletes and parents and will support decisions made by the coaching staff and administration.
- I understand Cougar athletes and parents must abide by the St. Cyril of Alexandria School Sports Handbook.

Signature of Parent

Print name of Parent

Date

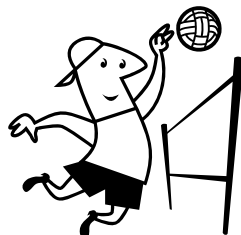
Signature of Parent

Print name of Parent

Date



*Sportsmanship
is contagious....*



*Let's have an
epidemic!*

