



DIOCESE OF TUCSON CATHOLIC SCHOOLS SPORTS LEAGUE

PERMISSION FORM

Permission to Participate in Diocese of Tucson Sports League

To the Principal of

St. Cyril of Alexandria School

(School)

I/we give permission for my/our child,

_____ , to participate in the Diocese of
Tucson Athletic Program for the _____ school year.

I/We realize that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with proper coaching and supervision, injuries are possible and that on rare occasions severe injuries result in total disability, paralysis or death. We hereby release and save harmless the Diocese of Tucson, its schools, and any and all of its employees and volunteers from any and all liability from any and all harm arising to my/our child as a result from participation in interscholastic athletics and other extracurricular activities during this school year.

My child will be instructed by me/us to cooperate fully with the directions and instructions of the supervisory personnel in charge of the athletic events and/or extracurricular activities.

**Permission to be transported to Diocese of Tucson
Sports League Events and Activities**

I/We give my/our child permission to be transported to Diocese of Tucson athletic events and/or extracurricular activities by modes of transportation that are not owned and/or operated by the Diocese of Tucson, its schools, or its employees. I/We understand that these modes of transportation may be personal vehicles variously owned and or operated by coaches or volunteers. I/We understand that my/our child is not covered by school insurance when transported under any of these circumstances. I/We hereby release and save harmless The Diocese of Tucson, its schools, and any and all of its employees, volunteers, and/or students from any and all liability from any and all harm arising to my/our child as a result of transportation to athletic events and/or extracurricular activities during this school year.

Health Insurance Agreement

I/We understand that my/our child is primarily covered by his/her family health insurance plan:

Insurance Company: _____ Policy
#: _____

Should there be a medical emergency, 911 will be called. I agree that any cost or expense related to any emergency will be paid by me/us, by my/our insurance company or any benefit plan of mine or that of my spouse. Accident insurance carried by the school is designed to provide supplemental coverage to any insurance carried by the parents/guardian.

By signing below, I/we acknowledge we have read and give consent to all stated above.

Date

Parent/Guardian Signa