



**ST. THOMAS THE APOSTLE'S
PERMISSION SLIP FOR AFTER SCHOOL ATHLETIC PROGRAMS**

Child's name: _____

Parent/Guardian's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell Phone: _____

Grade: _____

I/WE THE PARENTS OF THE ABOVE NAMED, HEREBY GIVE MY/OUR APPROVAL FOR OUR CHILD'S PARTICIPATION IN ALL AFTER SCHOOL ATHLETIC PROGRAM ACTIVITIES DURING THE CURRENT SEASON. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TO AND FROM ACTIVITIES. I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS ST. THOMAS THE APOSTLE, SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING MY/OUR CHILDREN.

I/WE HEREBY CERTIFY THAT MY/OUR CHILD IS PHYSICALLY AND MENTALLY ABLE TO PARTICIPATE IN THESE ACTIVITIES, HAS NOT HAD ANY HEAD INJURY. IN THE EVENT A PARTICIPANT IS INJURED DURING THE GAME A SIGNED MEDICAL RELEASE IS REQUIRED BEFORE RESUMING PLAY.

I/WE UNDERSTAND THAT THE ASSIGNMENT OF ALL APPLICANTS WILL BE ACCORDING TO THE RULES SET FORTH BY ST. THOMAS THE APOSTLE. FINAL INTERPRETATION OF THESE RULES RESTS WITH THE SUPERVISORS.

SIGNATURE OF PARENT: _____ DATE: _____