



SWOY Athletics Consent Form

[x] Volleyball [] Basketball [] Baseball [] Soccer

Activity: **Orientation/Pre-Tryouts** Date: **08/31/2009** Time: **12:15 to 2:30** Location: **Gym**

Student's Name _____

Current Grade _____ School _____ DOB _____

Uniform Size: YS / YM / YL / Adult S / M / L (*circle one*)

Parent/Guardian Name _____

Address _____

Tel _____ Cell _____ Email _____

EMERGENCY CONTACT

Name _____ Tel _____

Allergies _____ Medication _____

Medical Condition (Asthma, etc.) _____

CONSENT

I consent to my child, _____, participating in the athletics activity at St. William of York Catholic School and I agree that this planned activity is acceptable. I acknowledge and agree that during this planned activity, my child is to act in accordance with the SWOY School policies.

Parent/Guardian _____
Print Name *Signature*

Student _____
Print Name *Signature*

PICKUP AFTER THE ACTIVITY

Who is authorized to pick up your child after the activity? (2:30 p.m.)

Name _____ Tel/Cell _____

Sign in my child to SWOY After Care (I confirm that my child is enrolled in After Care).

All students are required to bring a completed consent form to participate in the activity.

Approved By: _____ Date: _____