PERMISSION TO PLAY

The undersigned request that the Office of Catholic Education and Elyria Catholic High School (name of school) allow my/our son/daughter, __________________________ to participate in the sport of __________________________ (name of student) __________________________

(name of sport)
I/we understand that the school will attempt to provide reasonable supervision and care for my/our child. However, we also understand that injuries can occur, these injuries can, on rare occasions, result in total disability, paralysis, or death.

In consideration for providing the opportunity to participate in __________________________,
I/we hereby release and hold harmless the Diocese of Cleveland, the Bishop of Cleveland, the Office of the Catholic Education, its administrators and employees, Elyria Catholic High School, its administrators, employees, and volunteers from any liability for any injury that our child may sustain in transportation to and from contests or while participating as a member of the team.

I/we and my/our son/daughter have received a copy of the Athletic Handbook for Students and have read it. I/we agree to abide by the rules and guidelines.

Date: __________________________

Signature of student/athlete __________________________

Signature of parent(s)/guardian(s) __________________________

This form must be signed and returned to the head coach before any activity will be allowed in this sport by your son/daughter.

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