

PERMISSION TO PLAY

The undersigned request that the Office of Catholic Education and Elyria Catholic High 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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