



Saint Peter Catholic School

421 West New York Avenue

DeLand, Florida 32720

904-822-6010

Fax 904-822-6013

STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

Name Of Student _____

Date _____ Date of Birth _____ Place of Birth _____

I have read the contents of the St. Peter Catholic School Athletic Policy and agree to abide by the policy.

Signature of Student _____

Parent's or Guardian's Permission

"I hereby give my consent for the above named student (1) to participate in intramural activities (2) to represent his/her school in athletic activities, except those crossed out on the form by the examining physician (3) to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school to obtain through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel."

Signature of Parent or Guardian _____

Date _____ Address (Street) _____

City _____

Note: This form and the form on the back are to be filled out completely and filed in the school office before student is allowed to practice and/or compete.