

**ST. FRANCIS HIGH SCHOOL
PARENT PERMISSION & ATHLETE INFORMATION FORM**

Name _____ Height _____
Street Address _____ Weight _____
City and Zip Code _____ Birth Date _____
Telephone _____ Birth Place _____
Year in school _____ (County & State)
No. of Years in Sport _____

I hereby give my consent for my child to tryout for _____ at St. Francis High School. I also give my consent for him/her to accompany teams on its out-of-town trips and will not hold the school, or coach, responsible in case of accident or injury. I also give my consent and authorize the school to obtain, through a physician of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of the school activity.

St. Francis High School provides supplemental accident insurance for your child while at school or at a school related event.

_____ Date _____ Signature of Parents or Guardians

Football Only

St. Francis High School DOES NOT provide accident insurance to cover the sport of football. Despite all safety measures, there will be accidents in athletic activities, and all St. Francis athletes must have accident insurance protection. Please indicate the following information:

My son _____ is covered by _____
Policy Number _____ for all occurrences.

_____ Date _____ Signature of Parents or Guardians