MOUNT CARMEL ACADEMY ATHLETIC DEPARTMENT

PARENT'S APPROVAL FOR PARTICIPATION IN ATHLETICS, EMERGENCY MEDICAL

AUTHORIZATION and TRANSPORTATION TO ATHLETIC EVENTS AUTHORIZATION FORM

I hereby certify that (Student Name) _____has my approval to play at home and away-from-home sports practices, games, meets, tournaments and competitions on Mount Carmel Academy athletic teams. Mount Carmel Academy students may participate in one or more of the following sports:

Baseball / Basketball / Bowling / Cheerleading / Cross-Country / Dance Team / Football / Golf / Martial Arts
Soccer / Softball / Tennis / Track / Volleyball / Weight Training (and other sports as they are authorized in writing)

I authorize my son/daughter who is participating in official MCA sports (as listed above) to travel on MCA authorized forms of transportation to practices, games, meets and tournaments throughout the entire length of the sports season. Such manner of transportation may include MCA owned buses or vans, leased buses or vans or other vehicles specifically authorized by MCA in writing. Students may only drive other students with written permission from the driver's parents and the passengers' parents.

I understand and agree that the MCA Board of Trustees, the employees and agents of MCA and HISD assume no responsibility or liability for any accident or injury as a result of any aspect of participation in the sports listed above. I understand and acknowledge participation in the above listed sports creates the potential for receiving an injury. With the knowledge of this potential risk of injury, I am giving my son/daughter permission to participate in athletics and accept full responsibility for this decision.

In the event of an injury, I hereby grant permission to school officials and employees to render, secure and authorize necessary medical treatment. I understand that medical expenses for injuries will be my personal expense and that should any medical expense paid for by MCA representatives during emergency room visits, such payments do not waive MCA and HISD's general immunity or create any liability for injuries or damages.

I understand that my son/daughter must turn in a current sport physical form signed by his/her doctor to participate in MCA sports.

All MCA student athletes must pay the appropriate sports fee to be able to participate. Failure to make full payment will cause my son/daughter to lose the right to participate in sports until all fees are brought current or written payment plan is set up and followed.

_____ _____ _____

Signature of Parent/Guardian | Print Parent/Guardian's Name | Date

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Student's Name: _____ Sex: M F (circle one) Age: _____ Grade: _____

Address: _____ Date of Birth: ____/___/_____ Home Phone: (_____) _____

Sport(s): _____

Insurance Company: _____ Phone (_____) _____

Policy Holder Name: _____ Contact Number (_____) _____

Policy Number: _____ Group Number: _____

Primary Physician Name: _____ Phone (_____) _____

EMERGENCY CONTACT INFORMATION:

Name of parent/guardian: _____ Relationship to student: _____

Phone (work): _____ Phone (home):_____ Phone (cell): _____

Additional emergency contact: _____ Relationship to student: _____

Phone (work): _____ Phone (home):_____ Phone (cell): _____