



# St Joseph High School Cadets

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**KEVIN BUTLER**

Assistant Principal for Athletics

## PERMISSION FORM

Sport: \_\_\_\_\_

Dear Student Athlete and Parent(s):

If your son/daughter intends to participate in St Joseph's sports programs, you are required to complete this form. Return it to your coach, along with any other forms, prior to the start of the sports season. This is a prerequisite for tryouts as well as participation. This permission slip will include use of our Athletic Fitness Center throughout the school year and summer conditioning programs. Please read all of the information very carefully, sign and return as soon as possible.

I/WE GIVE MY/OUR PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN THE ST JOSEPH HIGH SCHOOL ATHLETIC PROGRAM. I/WE ACKNOWLEDGE THAT EVEN WITH THE BEST COACHING, USE OF THE MOST ADVANCED PROTECTIVE EQUIPMENT AND STRICT OBSERVANCE OF RULES, INJURIES ARE STILL A POSSIBILITY. I, the undersigned, agree my child is physically fit to participate in strenuous athletic ability. It is the parents and students sole responsibility to provide the athletic trainer with any authorized medicine (i.e., epipens, inhalers, etc.) in order that the trainer/coach can administer said items when needed. I hereby authorize all personnel of the Diocese of Bridgeport, St Joseph High School and their duly authorized agents, to act for me according to their best judgment in any emergency or injury requiring medical attention. I agree to indemnify and hold harmless the aforementioned of any responsibility related to said treatment.

I/we agree to comply with all of the rules and regulations of St Joseph, as stated in our Student Calendar/Handbook, the Connecticut Interscholastic Athletic Conference and the Fairfield County Interscholastic Athletic Conference. The use of prohibited substance; in particular alcohol, drugs, and tobacco products by student-athletes may result in suspension or dismissal from school. Be reminded that participation in sports is a privilege and overall behavior both in and out of school will be a determining factor in extending or revoking that privilege.

*I/We acknowledge that I/We have read, understand and agree to the conditions of participation in the St Joseph Athletic Program.*

I/We understand that my child's first responsibility to St Joseph is as a student. I will encourage my student athlete during the athletic season to give academic work the time it needs and deserves.

I/We understand that if I have a problem, which pertains to my child's participation on a St Joseph team, I must first talk with my child's coach. If my problem is not resolved on that level, I will speak with the head coach of the sport and finally with the Assistant Principal for Athletics.

I realize that individual coaches have regulations for their teams and I agree to abide by those regulations as well as the regulations for all students found in the St Joseph Handbook & Calendar, Student Athlete Handbook, F.C.I.A.C., and the C.I.A.C. Rules of Eligibility.

I understand that parents are not to be in the locker rooms at practices, or on the sidelines at contests. Parental conduct at athletic contests is always to be appropriate and in keeping with the good sportsmanship exhibited by St Joseph High School and its athletic programs.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_