

**HOLY FAMILY SCHOOL
2009 FALL SPORTS
PARENTS PERMISSION SLIP**

We, the parents/guardians of _____, give our permission for him/her to represent Holy Family School in athletics. We accept full responsibility for any injuries or medical expenses incurred as a result of our child's participation in Holy Family athletics.

We, the undersigned, hereby give our permission for our son/daughter to be given emergency treatment by a qualified physician at the nearest available hospital should an unforeseen accident occur while participating in athletics for Holy Family School.

We acknowledge that our son/daughter has made a commitment to be a positive representative for Holy Family athletics, and will do our best to help him/her keep this commitment. **We also understand that all fees paid to Holy Family School athletics are non-refundable.**

_____ (Father)

_____ (Mother)

REMEMBER: The deadline to register for all Fall Sports is Thursday June 4, 2009. If you are unable to make payment by this date, please contact the Athletic Director prior to June 4, 2009. This cut-off is necessary as we need to commit to the number of teams we will enter into each of the respective leagues and order uniforms before June 19, 2009.

Thank you for your support of Holy Family School Athletics. If there is anything that you have concerns about, please do not hesitate to call me at 498-9878.

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PARENT VOLUNTEER FORM**

Please note that all volunteers must be registered with the GB Diocese and participate in a Virtus training session. If you have already registered and taken the Virtus training session in the past, you do not need to do anything additional for the new year.

Parent Name _____

Phone Number _____

Grade Level / Gender _____

Head Coach or Assistant? _____

Sport(s) _____

Is your Virtus training completed? _____ Yes _____ No

Have you coached before? _____ Yes _____ No

If yes, how many years and where _____
