

**Athletic Participation**  
**Holy Spirit Catholic High School**

**2019-2020**

Dear Parent/Guardian:

Your child will be participating in athletics at Holy Spirit Catholic High School this year. This participation will include practices as well as contests. By signing this document, you are agreeing to release Holy Spirit Catholic High School, Holy Spirit Catholic Church, and all employees of both institutions from any liability in the event your child is injured.

As a member of the Alabama High School Athletic Association, Holy Spirit Catholic High School purchases each year a catastrophic insurance policy on behalf of its athletic participants. This policy's coverage begins after the first \$10,000.00 in medical costs. Therefore, we must require each athletic participant to provide proof of personal medical insurance before we will allow the student-athlete to participate. We are serious about protecting our student-athlete's health and safety.

Additionally, each student-athlete must have a valid physical on file in the school office. A valid physical is one that is current during the student-athlete's activity. Physicals are good for one calendar year from the time they are administered.

Please complete and sign:

I give permission for \_\_\_\_\_ to participate in  
Student-Athlete's Name  
\_\_\_\_\_. I also give my permission for my son/daughter to  
Sport/Activity  
travel by provided transportation to any away event for this activity.

I give my permission for the coach/sponsor to sign for me in the event that emergency treatment, hospitalization, and/or surgery is required.

Our Health Insurance: Provider \_\_\_\_\_  
Policy # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Contact Phone Number \_\_\_\_\_

**This form must be completed and signed by the parent/guardian before participation in the sport/activity.**