



## Calvary Episcopal School Athletic Program Information: 3rd - 8th

Please read carefully. Sign and return the attached permission slip/release form to school BEFORE the first practice.

***Please sign and return a separate form for each student athlete and sport they are participating in.***

BEFORE participating in any practice or contest in interscholastic athletics, students are REQUIRED to have the following:

- 1. signed permission slip/release form**
- 2. current sports physical on file at school**
- 3. appropriate practice clothing (sneakers, cleats, shorts, sweats, etc)**

As part of our on-going safety efforts, the following procedures have been put in place regarding sports (practices and games).

### Fall Sports

Flag Football practices will be held on Tuesdays from 3:15-4:30 at Fisherman's Park.

To practice	From practice
-pick up and transport	-pick up from courts
-walk with coach/volunteer from school	-walk to campus for aftercare with coach/volunteer

Volleyball practices will be held on Wednesdays from 6:00-7:00 at Bastrop Middle School Gym. Parents please arrange all pick ups and drop offs for your child with the coach and/or athletic director.

\*Notice - Coaches will ask for a form of identification from anyone other than parent/guardian when picking up athletes.

Cross Country:

Practices will be before school one day a week, to be determined at a later date. Stay tuned for more information.

Please sign and return the following page.....

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

## PERMISSION SLIP/RELEASE FORM FOR PARTICIPATING IN SPORTS

Parent/Guardian Statement:

I approve of my student athlete participating in the Calvary Episcopal School athletics program. I will not hold Calvary Episcopal School or its employees and volunteers responsible for any injury sustained while engaging in any practice or game or while traveling to or from practices or contests.

**I give permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all TEAM practices and events held during the school year in the sport of \_\_\_\_\_.**

I recognize that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of appropriate protective equipment and strict observance of rules, injuries are still a possibility. Having been so warned, it is still my desire that my child participate in this sport.

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Email address: \_\_\_\_\_ (optional)

### RELEASE FORM

STUDENT NAME: \_\_\_\_\_

Parent/Guardian Name	Home Number	Work Number	Cell Number

Please list individuals authorized to pick up your child from practices/games.

NAME	Relationship to Child	Address	Telephone	Alternate #
1.				
2.				
3.				

Parent/Guardian	Signature:
Date:	