

Good Shepherd Interscholastic Participation form

_____, my child, has my permission to participate in the interscholastic athletic program offered by Good Shepherd Catholic School for the school year 2011-12. I agree to direct my child to cooperate and conform with directions, instructions and rules established by the school, the Family Handbook, the Athletic Director, coaches, and referees responsible for the sport in which my child is participating.

I certify that my child is physically fit and capable of participating in interscholastic athletics.

I authorize a representative of Good Shepherd Catholic School, into whose care the above named student has been entrusted, to consent to and permit any and all necessary medical services of my child to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act. I also authorize a representative of Good Shepherd Catholic School, into whose care the above named student has been entrusted, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of Good Shepherd Catholic School permission to use his/her judgment in obtaining medical services. I understand that neither Good Shepherd Catholic School nor the Diocese of Monterey assumes responsibility for payment of any medical expenses.

I realize that there is a risk of being injured that is inherent in all sports, which I expressly assume on behalf of my child. I acknowledge and understand the risk of injury may be severe, including, but not limited to, the risk of fractures, brain injuries, paralysis or even death. Accordingly, I waive all claims to the extent permitted by law for damages which I or my child may have, or which may hereafter accrue to me or my child against Good Shepherd School/Diocese of Monterey, for death, personal injuries and losses or injuries to property, real or personal, caused by or arising out of interscholastic athletics. It is further understood and agreed that this waiver and release is to be binding on my successors, heirs and assigns.

I agree and understand that transportation to games is not provided by Good Shepherd School. Furthermore, I agree and understand that coaches are not allowed to arrange rides for their players.

By checking the box below, I agree to all that has been stated above.

Type/print parent/legal guardian name

Type/print date

Good Shepherd Catholic School offers the following sports in its athletic program. Please check the sport(s) for which you give permission for your child to participate for the 2011-12 school year.

Check	Sport	Grades	Start Date	End Date	Fee
<input type="checkbox"/>	Coed Flag Football	5-8	8-29-11	10-28-11	\$40
<input type="checkbox"/>	Cross Country	5-8	8-29-11	10-28-11	\$40
<input type="checkbox"/>	Girls Basketball	5-8	8-29-11	10-28-11	\$40
<input type="checkbox"/>	Boys Basketball	5-8	11-1-11	1-13-12	\$40
<input type="checkbox"/>	Girls Lacrosse	5-8	11-1-11	1-13-12	\$40
<input type="checkbox"/>	Coed Soccer	5-8	1-17-12	3-27-12	\$40
<input type="checkbox"/>	Girls Volleyball	5-8	1-17-12	3-27-12	\$40
<input type="checkbox"/>	Boys Volleyball	5-8	3-28-12	5-30-12	\$40
<input type="checkbox"/>	Coed Golf	5-8	3-28-12	5-30-12	\$40
<input type="checkbox"/>	Track	5-8	3-28-12	5-30-12	\$40