

**Our Lady of Lourdes School**  
**2018-19**  
**After School Sports Agreement**

1. My student and I understand that he or she must be at all practices unless excused by the coach in order to start/play at the games. We also know that the school's jersey and shorts must be worn at all games. We understand that we are responsible for the jersey and shorts issued to my student for use in after school sports. If the uniform is not returned in good condition, we agree to pay the replacement cost of \$40.00 for each piece or \$80.00 for the entire uniform. Clean, laundered uniforms must be returned within 7 days of the last game.
2. We also understand that in order to play on the team, the student must be completing his or her school work on time and following school rules. Students may participate in organized sports by having a C average. A subject with a grade of an F will result in student being unable to continue to participate in that sport.
3. It is also understood that when younger students are allowed to sign up, older students will be the first ones chosen to play in games and/or tournaments.
4. Games played out of town are dependent on enough drivers being available.
5. Forms must be turned in immediately upon beginning practice. Student will not be allowed to play any games until all forms and fees are turned in to the school office. Fees are \$30 per sport.
6. Students need to follow the guidelines of the coach in regard to dress for practice. Proper shoes must be worn at all times during practice as outlined by the coach.
7. The physician's medical exam form provided by the school or one provided by the doctor's office must be completed and turned in to the school office before students may participate in any game. These forms will be used for any after school sports the student participates in during the school year.
8. We understand student athletes and parents will support all school teams and may be asked to assist in scorekeeping, snack bar duties, or rallies as needed.
9. Practice and game schedule is to be determined. All teams are subject to volunteer coaches.

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Uniform Top Size \_\_\_\_\_ Uniform Shorts Size \_\_\_\_\_

Please indicate interest in the following sports:

<b>Boys</b>	<input type="checkbox"/> Basketball	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Soccer
<b>Girls</b>	<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball
<b>Co-ed</b>	<input type="checkbox"/> Track & Field		

**Our Lady of Lourdes School**  
**2018-19**  
**After School Sports Permission Form**

Student Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(for group texts)

Parent/Guardian Name (Print) \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

Emergency Contact Person (other than parent and must be at least 18 years old) to  
notify in case of an Emergency.

Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

I, the parent (guardian) of the above named child, give my permission for his/her participation in after school sports. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, and volunteers responsible for youth activities.

I agree that in the event my child is injured as a result of his/her participation in the above named youth activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the employees or volunteers recourse for the payment of any resulting hospital, medical or related costs and expense will first be billed against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I, hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Volunteer coaches are selected from the community, parents, or teaching staff.

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



**Our Lady of Lourdes School**

741 Ware Ave  
Colusa, CA 95932  
(530) 458-8208  
Fax: (530) 458-8657

**Medical Release for After School Sports**

Student Name (Please print)

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I have found the above named child to be physically able to participate in any organized sport activity at Our Lady of Lourdes School.

**Doctor's Office Name & Address** (Write or Stamp)

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**Doctor's Signature**

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**Date (Please Print)**

\*\* Doctors may use their own form. A medical release form must be returned before the student can participate in any practices or games.

**Our Lady of Lourdes School**  
**2018-19**  
**After School Sports Driver's Declaration**

I \_\_\_\_\_  
(Print Name)\*

can drive and assist the Coach by chaperoning students. School insurance mandates that all drivers travel to and from the game together. If you leave the group, your vehicle and passengers will not be covered by Diocesan insurance.

Do you have a current Declaration of Insurance on file with the school office (\$300,000 minimum liability is required by the Diocese of Sacramento.

☐ Yes, A current copy is on file with the school office.\*\*

☐ No, I will drive only my child.\*\*

You must have a seatbelt for each passenger you carry. You are responsible to make ensuring usage at all times.

I have room for \_\_\_\_\_ students. My cell number is \_\_\_\_\_.

Please provide the following information on the vehicle you will be driving on the day of the trip.

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*One form per driver and vehicle.

\*\*Volunteer drivers are responsible for turning in hours to the office for Volunteer Hour credit. Drivers chaperoning students and driving will be eligible for volunteer hours.