



SPORTS ACTIVITY – BASKETBALL – PARENTAL PERMISSION FORM

**RETURN BY FRIDAY, OCTOBER 13, 2023 - WITH PAYMENT -  
\$85 registration fee per athlete (\$200 family max per sport)**

I \_\_\_\_\_ give permission for \_\_\_\_\_ to play **BASKETBALL**.

I understand that the school is not responsible for my child.

Yes \_\_\_\_\_ No \_\_\_\_\_ My child has previously played this sport competitively. *(Answer yes if your child has played this sport for any organized team or league including SMMSJS. These answers do not determine eligibility; they assist the coaches with their planning and training.)*

**Please complete:**

Medical Conditions Requiring Regular Treatment \_\_\_\_\_

Restrictions and/or Allergies \_\_\_\_\_

Should medication be needed, it is the parent’s responsibility to have a qualified person present to administer medication.

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

***This form, a current sport’s physical and the registration fee  
are required to practice and play.***

**SMMSJS STUDENT EMERGENCY DATA**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_

Parent(s) Name & Cell Phone Nos. \_\_\_\_\_

Parent(s) Email Address \_\_\_\_\_

List below the responsible person(s) who may be contacted and/or permitted to take the child from school/sports in case of emergency. You may also name a doctor the school may call.

<u>Contact</u>	<u>Relationship</u>	<u>Cell Phone</u>	<u>Home Phone</u>	<u>Work Phone/Ext.</u>
1. _____				
2. _____				
3. _____				

In an emergency, if none of the above persons can be contacted, what do you wish the school to do with your child?

\* \_\_\_\_\_ Call 911. Send to hospital: Waterbury \_\_\_\_\_ Saint Mary’s \_\_\_\_\_ Closest, if out of area \_\_\_\_\_  
OR \_\_\_\_\_

*Although the above recommendation of the parent will be respected as much as possible, I understand that in the final disposition of an emergency, the judgment of the school authorities will prevail. If any of the above information must be changed, I will notify the Principal and coach in writing.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



## SPORTS ACTIVITY

The following assistance is requested from the parents of children who are participating in sports activities. Cooperation will allow for control of players and fans and assist the coaches in managing a successful sports program.

1. Parents are required to notify coaches of any medical conditions that may affect their child, as well as provide and administer any needed medications. **Coaches may not administer medications.**
2. Parents should provide transportation to and from games and practices or make arrangements for it. Our coaches are volunteers and have other commitments. It is not fair for them to wait for long periods of time after games or practices for children to be picked up – **PLEASE BE PROMPT.**
3. Parents are expected to supervise their other children who may be attending practices, games or meets as spectators. These children should remain in the stands or fan area and not wander around fields or gymnasiums.
4. Team uniforms must be returned to the school, washed and folded, within a week of the last game/practice. A fee of \$100 will be charged for any uniform that is not returned.
5. The spirit of The Unified Schools of St. Mary Magdalen and St. John the Evangelist is for the children to learn, be competitive and to enjoy sports in a Christian atmosphere. Your help in this goal is of the utmost importance.

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Parent/Guardian Signature

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Date