



SPORTS NIGHT PARENTAL PERMISSION SLIP

January 6, 2015

I give my daughter _____ my consent to represent and participate in Fontbonne Hall Academy's extra-curricular activity of Sports Night. She may accompany any Fontbonne Hall Academy Sports Night team of which she is a rostered member on any of its in or out of school practices. In the event that the EMERGENCY CONTACT listed below is not immediately reachable at the time a situation arises or develops, during participation in any such Sports Night practice or event, or while traveling in connection with the activity/event, **I authorize Fontbonne Hall Academy or its representatives to obtain any emergency medical care that may become reasonably necessary, which, in the sole opinion of Fontbonne Hall Academy or its representatives, is an emergency medical situation.** I also agree not to hold Fontbonne Hall Academy – or anyone acting on its behalf – responsible for any injury occurring in the course of Sports Night practice or event or travel to such Sports Night practice or event. I have indicated below any necessary medical history or restrictions, if any, that MAY affect my daughter's participation in any extra-curricular Sports Night practice or event or travel in connection with these activities.

Student's Name _____ FA _____

Grade 9 10 11 12

Medical Restrictions _____

The team activity for which I am giving permission is _____
*(You **must include** the name of **each activity** you will participate in during practices and at Sports Night - for example, dance and volleyball.)*

In case of EMERGENCY, please

CONTACT _____

Phone Number _____

Relation of CONTACT person to student _____

Parent/Guardian Name _____

Address _____ Zip Code _____

Phone Number _____ Date _____

Parent/Guardian Signature _____