

WYOMING AREA CATHOLIC SCHOOL
HOLY REDEEMER REGIONAL SCHOOL SYSTEM
OF THE DIOCESE OF SCRANTON
1690 WYOMING AVENUE
EXETER, PA 18643

PERMISSION TO PARTICIPATE IN SPORTS
School Year 2017-2018

PARENTS' RELEASE:

In consideration of my son/daughter _____
Student's Name & Grade
being allowed to participate in competitive sports, I do hereby release and forever discharge the Roman Catholic Diocese of Scranton, the Roman Catholic Bishop of Scranton, Wyoming Area Catholic School, Exeter, PA and/or the school Athletic Booster Club from any/all actions or suits in law or equity which I might hereafter have, by reasons of injuries sustained by my child in sports or in transit to or from participation in sports.

Signature of Parent Date

Hospitalization covering athlete: _____
Insurance Company Name

I agree that in case of injury to my child, I will apply our hospitalization and/or accident insurance toward the payment of the expenses. I understand that all medical expenses are the responsibility of the parents and/or guardian.

Signature of Parent Date

Please check the sports your child will participate in this year:

Basketball (Gr. 3 - 8) _____ Cheerleading (Gr. 5 - 8) _____
Flag Football* (Gr. 4 - 8) _____ Soccer* (Gr. 4 - 8) _____
Cross Country (Gr. 5 - 8) _____ Volleyball* (Gr. 4 - 8) _____

*Intramural Sports programs

Students may not participate in any sports program until both sides of this form is received in the school office.

Please do not submit form until both sides are complete.

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Wyoming Area Catholic School requires students in the Sports Programs of the school have a physical examination every school year. After your child has had his/her physical examination, ask your physician to complete the form below. Return the completed form to the school as soon as possible. **Students may not participate in any Sports Program until the form is received in the school office.**

PHYSICIAN'S CERTIFICATE
School Year 2017-2018

_____ has been examined by me and I hereby
(Student's Name)
certify that he/she may participate in competitive sports (basketball, flag football, soccer, volleyball, cross-country and/or cheerleading).

Physician's Signature

Date