

**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 2018-2019**

**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 2018-2019

\_\_\_\_\_ 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