



**Saint Amelia School**  
*A National School of Excellence*  
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**Sports Parental Permission Form**

**PARENTS:** Please fill out and sign the *Sports Parental Permission Form* and have your physician sign the *Medical Release Form* below for your child to participate in ANY school athletic activity and return it to the school office as soon as possible.

***Please Note:*** No student is allowed to *try-out* or *participate* in any sport activity unless the Parent Permission Form and Medical Release Form is filled out, signed, and on file in the school office.

NAME OF STUDENT \_\_\_\_\_ Grade (September) \_\_\_\_\_

NAME OF PARENT(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**In case of emergency and I cannot be reached, please call:**

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Relationship to student: \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Relationship to student: \_\_\_\_\_

- Please indicate any ALLERGIES or HEALTH CONDITIONS that we should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_

*My child has my permission to participate in any St. Amelia School athletic activity during the school year.  
 If I cannot be reached in case of an emergency, I give my permission for the coach or a responsible school representative to have my child treated by a physician.*

--I understand my son/daughter will be expected to attend all scheduled practices and games.

--If needed, I understand that I am responsible for transportation to and from practices and games.

--I understand that my child is responsible for all equipment / uniforms issued, and if any of the equipment / uniforms issued are not returned in proper condition, I am liable for their replacement value.

➤ SIGNATURE OF PARENT: \_\_\_\_\_ Date: \_\_\_\_\_

**ST. AMELIA SCHOOL ~ *Sports Medical Release Form***

**To be filled out by Physician:**

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

*This certifies that \_\_\_\_\_ is physically qualified to participate in the following sports during the school year:*

**Check all that apply:**  Baseball  Basketball  Softball  Cheerleading  Soccer  
 Volleyball  Swimming  Bowling  Track & Field  Ice Hockey

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_