

**St. Mary Catholic School  
10601 Dexter – Pinckney Rd.  
Pinckney, MI 48169  
734-878-5616**

**STUDENT PARTICIPATION AND PARENT APPROVAL FORM**

\_\_\_\_\_  
Please Print (Last Name) (First Name) (Middle Initial)

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

This application to participate in athletics at the above school is voluntary on my part and is made with the understanding that I have never received money or merchandise in any amount or any emblematic award worth more than five dollars (\$5.00) for participating in athletic events, and that I have never competed under an assumed name.

SIGNATURE OF STUDENT \_\_\_\_\_

**PARENT'S OR GUARDIAN'S PERMISSION**

I hereby give my consent for the above student to engage in physical education, intramural, and interscholastic athletics at the above school in M.H.S.A.A. approved sports and to accompany the team as a member on its out-of-town trips. I also agree to reimburse the Athletic Department for equipment issued to my son/daughter should it become lost, damaged, or not turned in.

We also carry accident or health insurance with \_\_\_\_\_  
(Name of insurance company, If none, please indicate)

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (Zip)

**WAIVER OF LIABILITY AND AUTHORIZATION  
FOR EMERGENCY MEDICAL CARE**

I/we hereby authorize the school principal, coach or sponsor in attendance at any St. Mary's contest or event to select, secure, and consent to necessary medical attention for my child resulting from injury, illness or accident requiring medical care while I/we are not in attendance. I/we hereby release St. Mary's School or Parish and such person from any and all liability on account of such selection or authorization and for any and all damages which may occur on account thereof.

DATE \_\_\_\_\_

\_\_\_\_\_  
(Father or Guardian)

\_\_\_\_\_  
(Mother or Guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home Phone) (Work Phone)