



# SAINT SAVIOUR HIGH SCHOOL

588 Sixth Street • Brooklyn • New York 11215

Telephone: (718) 768-4406 • Fax: (718) 369-2688

*Educating young women since 1917*

Dr. Paula T. McKeown, Principal

## REQUIRED TO TRY-OUT OR PARTICIPATE IN ALL SPORTS

Dear Parent or Guardian,

This permission form and the attached Sports Examination form must be dated after June 1<sup>st</sup>. Parent and physician portions must be completed with original signatures, and returned to the school office by August 1<sup>st</sup> or prior to sport tryout. Faxed or emailed forms are not accepted. The purpose of the sports exam is to ensure that your daughter receives a complete physical BEFORE trying out or participating in any interscholastic sport. The form is good for one season only. A new physical is required at the beginning of each school year. This completed form may be photocopied for use "out of school."

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Tel. # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

\*Health Insurance Company \_\_\_\_\_ \*Name on Policy \_\_\_\_\_

\*Policy # \_\_\_\_\_ \*Group # \_\_\_\_\_ \*Effective Dates \_\_\_\_\_

**➔ Please Note: Student must be covered by active and current Health Insurance during the academic year and prior to all tryouts. Photocopy of current insurance card must be on file at the school. ➔**

Check sport you will try out for this year: Basketball \_\_\_ Soccer \_\_\_ Softball \_\_\_ Volleyball \_\_\_ Boosters \_\_\_ Cheerleading \_\_\_ Swimming \_\_\_ Tennis \_\_\_ Track \_\_\_

*Parental Permission and Emergency Authorization: PLEASE SIGN BELOW*

I give my daughter permission to participate in the above-mentioned sport(s). I the undersigned, also agree that participation in the above-mentioned sport(s) has its risks and I further agree that medical insurance coverage for my daughter in sport(s) at St. Saviour High School will be provided by me. (The policy covering all students is an "excess policy.") I further agree that St. Saviour, its agents and employees shall not be liable to me for any injury or damage resulting directly or indirectly from my daughter's participation in this sport(s). I also agree that I will not sue, arrest, attach or prosecute its agents and employees from all actions, claims and demands my child may have for any injury or damage.

**EMERGENCY AUTHORIZATION:** I hereby give my permission to the medical and or coaching personnel selected by the school to order x-rays, routine tests and treatment for my daughter in the event I cannot be reached in a emergency. I hereby give permission to the physician selected by the school to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_