

**ST. THOMAS AQUINAS PARISH SCHOOL
GIRLS BASKETBALL**

5TH THRU 8TH GRADE – Fall of 2009

I / We give permission for _____,
enrolled in grade _____, to participate in the Girls Basketball program sponsored by St.
Thomas School. I / We understand that none of the above mentioned organizations or their
respective school or parishes carry any accident or injury insurance for my child, and that I /
we accept the responsibility for this potential expense. I / We agree not to hold any
sponsoring organizations, parish, booster club, league, or individuals responsible for either
accident or injury resulting from this participation.

I / We hereby give permission for any necessary medical treatment resulting from accident or
injury while in this program.

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Relationship to student athlete _____

Doctor _____ Phone _____

HEALTH CARE COVERAGE

Name _____

Contract _____ Group _____

**Please return the Permission Form with a check for \$50.00 payable to "STA Athletics"
by Wednesday, September 9th.**

I understand that my daughter must have a physical on record with the Athletic Director
before she can participate in a league game.

Signature of Parent / Guardian _____

Date: _____ Phone : _____

Cell Phone: _____ E-mail: _____