

**CHAMINADE HIGH SCHOOL ATHLETIC PERMISSION CARD  
2009 - 2010 SCHOOL YEAR**

**STUDENT'S NAME** \_\_\_\_\_ **Homeroom** \_\_\_\_\_

Our son has our permission to be driven in a school vehicle by a member of the school staff for all school sports.

***PLEASE CHECK THE APPROPRIATE BOX(ES).***

Our son has our permission to drive to and from school sports and activities in his or the family car.

His driver's license number is: \_\_\_\_\_.

Our son has our permission to ride in a vehicle driven by a student or another parent, who will be a licensed operator, to and from school sports and activities.

We agree Chaminade assumes no responsibility as to any trips made in such vehicles and we indemnify and hold it harmless from any claim or liability asserted by him or on his behalf arising out of the use of any such vehicles.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

Address \_\_\_\_\_

Town \_\_\_\_\_

**[BOTH SIDES MUST BE COMPLETED AND SIGNED]**

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PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

Address \_\_\_\_\_

Town \_\_\_\_\_

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***EMERGENCY MEDICAL PERMISSION***

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ PARENTS NAME IF DIFFERENT: \_\_\_\_\_  
(Please Print) (Please Print)

HOME PHONE #: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

ANY MEDICAL PROBLEMS: \_\_\_\_\_

LIST ANY ILLNESS OR SURGERY IN PAST YEAR THAT YOU WERE HOSPITALIZED FOR: \_\_\_\_\_

We hereby give our son permission to participate in all the athletic sports and activities at Chaminade under the supervision of the Chaminade Staff. We will not hold Chaminade responsible for any injuries sustained. We indemnify and hold Chaminade harmless from any claim or liability asserted by him or on his behalf arising out of his participation in any sport or activity.

In addition, we do hereby empower any member of the Chaminade Staff to authorize emergency medical treatment for our son in case of injury while engaged in formal activity under the supervision of Chaminade High School and we agree to pay for any medical service or medication expended.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**[BOTH SIDES MUST BE COMPLETED AND SIGNED]**

***EMERGENCY MEDICAL PERMISSION***

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ PARENTS NAME IF DIFFERENT: \_\_\_\_\_  
(Please Print) (Please Print)

HOME PHONE #: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

ANY MEDICAL PROBLEMS: \_\_\_\_\_

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PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

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