



St. Ignatius Athlete/Parent Consent Form

Last Name: _____ First Name: _____

Sport: **Girls Basketball** _____ Grade Level: 4th _____ 5th _____ 6th _____ 7th _____ 8th _____

Parents Name: _____

Primary Phone #: _____ Secondary Phone #(s): _____

Email Address: _____

Email Address: _____

Email Address: _____

Players are allowed to participate on a club/traveling league team during the St. Ignatius season. However, St. Ignatius practices and games must take priority over club team participation if there are conflicts.

If you have any questions, please contact Myron Geiser at (920) 759-9923.

TO BE COMPLETED BY PARENT(S) OR GUARDIAN

_____ *I would be interested in coaching or assisting if coaches are needed.*

_____ I/We give our permission for the above-named student to participate in athletics for St. Ignatius Catholic School.

***** IN CASE OF INJURY, ACCIDENT OR EMERGENCY *****

As parent or guardian of _____, I give my permission to have the coach(es) call for medical attention to the nearest or most available physician and/or hospital in case of accident or injury

Coaches/Gym Supervisors have permission to administer first aid to the best of their ability: Yes _____ No _____

Hospital Preference: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Known drug allergies: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

\$100.00 PAID _____ NOT PAID _____ DATE PAID _____ CASH _____ CHECK _____ CHECK NO. _____ CONCUSSION FORM _____ PARENT/ATHLETE CONTRACT _____