SAINT MONICA CATHOLIC HIGH SCHOOL
SPORTS INFORMATION & AUTHORIZATION FORM

STUDENT NAME		CIRCLE SPORT(S)	FALL: FB GVB CC GGO GTE CH WINTER: GBKB BBKB GSO BSO SPRING: BB SB BVB BGO BTE TR
GRADE		BIRTHDATE	
HOME PHONE		PARENT'S NAMES	
WORK PHONE		ADDRESS	
FATHER'S CELL		MOTHER'S CELL	
FATHER'S OCCUPATION		MOTHER'S OCCUPATION	
EMERGENCY PHONE		MEDICAL HISTORY	
INSURANCE COMPANY		MEDICATION	
INSURANCE ID #		DENTIST	
FAMILY DOCTOR		DENTIST PHONE	
DOCTOR'S PHONE		PREFERRED HOSPITAL	
PARENT EMAIL		STUDENT EMAIL	

Field Trip To: All Athletic Practices & Contests
Educational Objectives: Participation in SMCHS Athletic Program
Field Trip Date & Time: As Scheduled by Coach or Athletic Department
Means of Transportation: School-Provided Bus/Van

This is to authorize treatment to my child _____, in case of illness or accident when I cannot be located. These medical services are to be performed by the medical doctor indicated or by a physician of his or her choice; or in his or her absence, by any licensed medical doctor. In addition, I request that my son/daughter be permitted to participate in any field trip sponsored by the school and his/her team, including practice & contests. As a condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation in the field trip, whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the school personnel permission to use their judgment in obtaining medical service and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request. I understand that my insurance benefits that are effective have limited application.

All athletic fees, with the exception of the Christmas Tree sale, will be billed to parents at the beginning of each season that each student participates in. Spirit Pack will also be billed with the athletic fees. Fees will be billed on September 1, for fall; December 1, for winter; and March 1, for spring. Christmas Tree sale must be paid with form to finance office, separately.

_____ _____

Print Name of Parent/Guardian **Date**

_____ _____

Signature of Parent/Guardian **Date**

St. Monica Catholic High School 1030 Lincoln Blvd. Santa Monica, CA. 90403 310-394-3701