



Athletic Program Parent Consent Form

Student Name/Grade: _____

Parent/Legal Guardian

(print name and relationship: _____)

Athletic Sports Programs 2022-2023 School Year- Sport FEE \$125.00

Cross Country 5th-8th Grade
Volleyball 4th-8th Grade
Soccer 4th-8th Grade
Basketball 5th-8th Grade
Track 1st- 8th Grade
Baseball 5th-8th Grade
Cheerleading 6th-8th Grade

Athletic Fees for each sport the student is participating in is \$_____. You will not be charged on FACTS until the Official Roster has been turned into the front office.

Please place your INITIALS below and on the following page (each blank provided) for parental consent and acknowledgements: (Parent/Legal Guardian Initials only)

_____ By signing this form, I/we acknowledge that my/our school ***FACTS account will be billed for the above Athletic fees.***

_____ I give consent for my child to participate in the St. Edward Catholic School Athletic Program and associated sports practice and games.

_____ I acknowledge that my child will not be able to participate in athletics until I submit the Houston-Galveston Archdiocese Pre-Participation Physical Evaluation 2022-2023 School Year Form (Form 119a – 3 pages).

_____ I have discussed this consent form with my child and they have given me verbal consent to participate in the athletic program.

_____ I acknowledge that there is no transportation bus this year for athletics and if I cannot provide transportation to the athletic event, I will need to provide alternative transportation for my child.

_____ I grant permission for my child to participate in extracurricular athletic activities at St. Edward Catholic School. These activities will take place under the guidance and direction of school employees and/or volunteers. As a parent and/or legal guardian, I remain legally responsible for personal actions taken by my participating child I agree on behalf of myself, my participating child, our heirs, successors



St. Edward Catholic School Athletics 2023-2024

and assigns, to hold harmless and defend the school, its employees, officers, directors and agents, and the Archdiocese of Galveston-Houston, or representatives associated with these activities, arising from our in connection with my child participating in these activities, or in connection with any illness, injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Archdiocese of Galveston-Houston, or representatives associated with the activity for reasonable attorney's fees or expenses arising in connection therewith. I hereby warrant to the best of my knowledge, that my child is in good health, and I assume all responsibility for the health and medical care of my child. In the event of a medical emergency, I hereby give permission to school employees and/or volunteers supervising the athletic event to obtain medical services and to transport my child to the nearest hospital/emergency care center for emergency medical or surgical treatment. I will not hold St. Edward Catholic School, its volunteers, coaches, or staff liable or responsible for any injuries, damages or death. I will not hold St. Edward Catholic school, its volunteers, coaches or staff liable or responsible for damages to personal property or theft.

Parent/Legal Guardian Signature

Date