



St. Vincent de Paul School

C.Y.A.A. SPORTS PERMISSION FORM

I/We, the parent(s)/guardian(s) of _____ request
Name of child

that the school allow my child to participate in the C.Y.A.A. after school sports program at St. Vincent de Paul School. I understand that this will include travel to other schools on an activity bus. In addition, it may be occasionally necessary to leave campus before 3pm due to the tournament schedule. Also due to league fees, update of uniforms and the cost of officials, participants will pay \$20 per sport. This fee is nonrefundable.

Please return all sports paperwork with the \$20 athletic fee to the school office. If you are unable to pay at this time, please see Sr. Julie so that other arrangements can be made.

I/We hereby release and save harmless St. Vincent de Paul School or any and all of its employees from any and all liability for any harm arising to my/our son/daughter as a result of participating in the C.Y.A.A. after school sports program.

I/We understand that my/our son/daughter is participating in _____
I/We also understand that all practices will end at 5:00 PM except on game days or unless otherwise notified.

Parent/Guardian Signature

Date

Daytime phone

In case of an emergency please

contact _____

at _____