



**ST. JOSEPH ATHLETIC ASSOCIATION:  
SCHOOL YEAR 2021-2022**

Official form for permission  
to participate and to travel;  
Authorization for medical care  
and insurance waiver

This is to certify that I will permit (full name of athlete) \_\_\_\_\_  
to participate in athletics (golf, volleyball, basketball, agility camp, track) for  
St. Joseph School during the school year of 2021-2022. Furthermore, this certifies  
that St. Joseph's coaches, St. Joseph's Athletic Director, and St. Joseph's  
chaperones will assume no liability for the injuries suffered, and that I have  
insurance with (name of company) \_\_\_\_\_  
to cover such injury that my son or daughter might receive.

Furthermore, I am aware that participation in these school functions will require out  
of town travel. Therefore, I give my permission for my son or daughter, as listed  
above, to travel from St. Joseph's School to all "AWAY" activities that the  
St. Joseph's Athletic Association schedules during the school year of 2021-2022.

In addition, should my son or daughter, as listed above, become ill or otherwise  
become injured while participating in golf, volleyball, basketball, track and/or agility  
camp. I hereby authorize the St. Joseph Athletic Association's coaches,  
St. Joseph Athletic Director, and the St. Joseph's chaperones to authorize any  
necessary medical care or treatment for my child in case any emergency care is  
required.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian