



**ST. JOSEPH ATHLETIC ASSOCIATION
SCHOOL YEAR 2023-2024**

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 (camps, golf, volleyball, basketball, archery, agility training, track, tennis) for St. Joseph School during the school year of 2023-2024. Furthermore, this certifies that St. Joseph coaches, St. Joseph Athletic Director, and St. Joseph 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 Athletic Association schedules during the school year of 2023-2024.

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

Signature of Parent/Guardian

Date