



# DUBOIS CENTRAL CATHOLIC

www.duboiscatholic.com

Central Catholic Middle School  
Central Catholic High School  
200 Central Christian Rd., P.O. Box 567  
DuBois, PA 15801  
(814) 371-3060 Fax (814) 371-3215

Central Catholic Elementary  
Central Catholic Pre-School/Kindergarten  
210 Central Christian Rd., P.O. Box 567  
DuBois, PA 15801  
(814) 371-2570 Fax (814) 371-1551

## PARENT/GUARDIAN PERMISSION FORM FOR PARTICIPATION IN SPORTS

I/we, the parent(s)/guardian(s) of \_\_\_\_\_  
*Student's Name*

request that DuBois Central Catholic School allow my/our child to participate in  
\_\_\_\_\_ for the \_\_\_\_\_ school year  
*Sport*

under the direction of \_\_\_\_\_  
*Coach*

I/we realize that transportation from school to the games and from the games to the school will be by bus.

### INDEMNIFICATION

To allow my/our child to participate in the said activity, and INTENDING TO BE LEGALLY BOUND HEREBY, I/we agree to INDEMNIFY DuBois Central Catholic School and its agents, successors and legal representatives against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by myself/ourselves, my/our child, or anyone on his/her behalf, for the purpose of enforcing a claim for damages because of any injury (including death) or property damages sustained by my/our child as a result of or in any way related to his/her participation in the said activity.

### MEDICAL AUTHORIZATION

In the event of injury or illness to my/our child during his/her participation in the said activity, I/we hereby give our permission to \_\_\_\_\_ and to employees of DuBois Central  
*Coach*

Catholic School for the necessary medical treatment to be given to my/our child. I/we, for myself/ourselves and for my/our child, my/our respective heirs and my/our respective legal representatives, do hereby indemnify and hold harmless any representative of DuBois Central Catholic School from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward the payment of the expenses incurred.

The name of our insurance company is \_\_\_\_\_.

The Carrier is \_\_\_\_\_. The policy number is \_\_\_\_\_.

_____ <i>Signature</i>	_____ <i>Date</i>	_____ <i>Phone</i>	_____ <i>Signature</i>	_____ <i>Date</i>	_____ <i>Phone No.</i>
<i>Father/Guardian</i>			<i>Mother/Guardian</i>		

Emergency Contact: \_\_\_\_\_  
*Name* *Phone No.*