



**Saint Linus School**  
 13913 Shoemaker Avenue  
 Norwalk, California 90650  
 (562) 921-0339  
 www.linuslions.org

**Athletic Activity (Check or "X" the appropriate box):**

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Volleyball     | <input type="checkbox"/> Football        | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Softball       | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Soccer     |
| <input type="checkbox"/> Cheer / Song   | <input type="checkbox"/> Baseball        | <input type="checkbox"/> Golf       |
| <input type="checkbox"/> Summer Camp(s) |  |                                     |

**Participation Level:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> "A" Varsity (7 <sup>th</sup> , 8 <sup>th</sup> ) | <input type="checkbox"/> "Bee" (5 <sup>th</sup> , 6 <sup>th</sup> ) | <input type="checkbox"/> "C" (3 <sup>rd</sup> , 4 <sup>th</sup> ) |
|---|---|---|

**Participant Information:**

Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Parent / Guardian Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**In Case of An Emergency:**

Name: \_\_\_\_\_  
 (Other than yourself)  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Parent / Guardian's Consent:**

I, \_\_\_\_\_ the parent / guardian of the above child, hereby request that my child participate in the athletic activity(s) listed above. I agree to direct my child to cooperate and conform with the directions and instructions of the supervisory archdiocesan personnel responsible for the athletic activity.

I agree that in the event my child is injured as a result of his/her participation in the above listed athletic activity, including transportation to and from the activity, where or not caused by the negligence (active or passive) of the school or archdiocesan athletic activity program or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be made against any accidents, hospital, or medical insurance or any available benefits plan of mine or of my spouse.

I hereby give permission to the physician selected by the athletic activity supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

I am not aware of any medical condition of my child that would render it inappropriate for him / her to participate in any such activity.

My child is allergic to: \_\_\_\_\_  
 (Medicine or Foods)

Parent / Guardian's Signature

Date