
DIOCESE OF LITTLE ROCK PAROCHIAL LEAGUE
PARENT PERMISSION/CONSENT
for Participation in Sports

Last Name First Name Middle Initial School Class (Ex. 6A)

Age _____ Race: _____ Black _____ White _____ Other Sex: _____ Male _____ Female

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Parochial League.

Date Signature of Student

Parent or Guardian's Permission and Release

I hereby give my consent for the above-named student to represent his or her school in athletic activities except for those indicated on the form by the examining physician. The School Board of Education and its administration/coaches have no responsibility to provide first aid at any of the games and the parent or guardian understands that the risk of injury, or death is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities, then the parents do hereby release and forever discharge such persons and the School Board of Education and its administration/coaches from any liability arising out of any first aid or immediate treatment or injuries.

Typed or Printed Name of Parent or Guardian Signature of Parent or Guardian

Address Phone Date