



*Saint Nicholas School*  
*762 Fifth Street*  
*Struthers, Ohio 44471*

**2019-2020**  
**ELEMENTARY ATHLETIC PARTICIPATION FORM**  
**FOR GRADES 5-8**



\_\_\_\_\_  
 School

\_\_\_\_\_  
 City

\_\_\_\_\_  
 Name of Student

\_\_\_\_\_  
 Grade

\_\_\_\_\_  
 Student's Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Name of Parent(s)/Guardian(s)

I hereby request that the above-named student be permitted to participate in the interschool/intramural athletic program for the 2019-2020 school year. I hereby assume all responsibility in the event of accident or injury. I also understand that the parish and coaches cannot be held liable for any injuries received while participating in the interschool/intramural athletic program.

No student may participate in athletic programs without proof of medical insurance. In order to participate in the athletic program sponsored by diocesan elementary schools, all students must either show evidence of family hospitalization insurance which covers athletic injuries or have purchased a special insurance plan which covers the same. Information regarding such plans is available in the school office.



\_\_\_\_\_  
 Name of Medical Insurance Company

\_\_\_\_\_  
 Mother or Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Father or Legal Guardian

\_\_\_\_\_  
 Date

(Signature of both parents/guardians required)



**DUE IN OFFICE BY FRIDAY, AUGUST 23<sup>RD</sup>, 2019**

