

**Our Lady of the Wayside Catholic School  
Permission Slip - Release Form**

THIS FORM MUST BE COMPLETED AND TURNED IN TO THE HEAD COACH BEFORE THE FIRST DAY OF PRACTICE/TRYOUTS OR THE STUDENT ATHLETE WILL NOT BE ALLOWED TO PARTICIPATE.

I being the parent/legal guardian hereby give permission for the below named student to participate in the athletic/sport programs at Our Lady of the Wayside School in Arlington Heights, Illinois.

EMERGENCY

In the event of injury or illness to my child during participation in the program or any activity which is associated with the program(s), and upon failure to contact me after a reasonable effort to do so, I authorize treatment of the injury or illness by a licensed physician selected by a representative of the program in attendance at that time.

The following medical condition or known allergies of my child should be noted:

RELEASE

In consideration of my child being permitted to participate in the program, I hereby release Our Lady of the Wayside School and Parish and all persons participating in the programs as coaches, directors, officials, supervisors, or in any other capacity and all persons providing transportation to or from any activity associated with the program, from any liability or claim thereof arising out of or in any way related to the program or any activity associated with the program.

My son/daughter has permission to participate in OLW programs. Please complete fully as all communication will be made based on the information listed here. Multiple phone numbers/email addresses are encouraged.

SPORT/ACTIVITY \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

GRADE/HOMEROOM \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

DAYTIME PHONES \_\_\_\_\_

\_\_\_\_\_

EVENING PHONE \_\_\_\_\_

CELL PHONES \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESSES (Mother) \_\_\_\_\_

EMAIL ADDRESSES (Father) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_