

DePaul Catholic High School

Permission Form

To be used for all athletic school sponsored activities that take place off school grounds

Date: _____

Sport: _____

Location: _____

Coach: _____

Transportation: _____

Student's Name: _____

DOB: ____/____/____

Address: _____

Home Telephone #: _____

Where can parents be reached (please include a day and night phone number)

Mother: _____ Day: _____ Night: _____

Father: _____ Day: _____ Night: _____

Release for Driving

MUST BE COMPLETE

FOR LICENSED ATHLETES:

I give my child, _____, permission to drive to team related activities during the season.

Parent Signature

Date

FOR ALL ATHLETES:

I give my child, _____, permission to be driven by another team member or parent (circle one) to team related activities during the season.

Parent Signature

Date