

*Online Form Packet*

***PLEASE DOWNLOAD THE FOLLOWING FORMS AND RETURN THEM TO THE ATHLETIC DEPARTMENT AT THE PARENT ATHLETE INFORMATION NIGHT. THESE FORMS MUST BE RETURNED TO QUALIFY FOR PARTICIPATION***

We have read and agree to abide by the Our Lady of Lourdes High School Athletic Handbook Policies and the Student Handbook Policies.

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**Team and Sport and Date**

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**Student- Athlete Name (please print)**

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**Athlete's Signature**

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**Parent/Guardian Signature**

THIS FORM MUST BE RETURNED TO THE DIRECTOR OF ATHLETICS AT THE PARENT- ATHLETE INFORMATION NIGHT TO QUALIFY FOR PARTICIPTION

# OUR LADY OF LOURDES ATHLETIC EMERGENCY INFORMATION

THE COACH WILL CARRY THIS INFORMATION AT ALL TIMES.

Name \_\_\_\_\_ Sport \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY CALL:

1. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference (if possible) \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Other Allergies \_\_\_\_\_

Other Medical Concerns \_\_\_\_\_

Medications \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Our Lady of Lourdes High School Travel Release

Sports \_\_\_\_\_

This is to certify that my child \_\_\_\_\_  
has permission to drive himself/ herself or with the  
authorized adult listed to/ from the following athletic event:

Athletic event \_\_\_\_\_

Location \_\_\_\_\_ Date of event \_\_\_\_\_

\_\_\_\_\_

Authorized Driver

\_\_\_\_\_

Relationship

\_\_\_\_\_

Parents Signature

\_\_\_\_\_

Date

Approval must be granted by the Director of Athletics 48 hours prior to the requested date.

# Our Lady of Lourdes High School

## Practice Travel Release

This is to certify that my child \_\_\_\_\_

Has permission to drive to practice with the following authorized individuals for the duration of the \_\_\_\_\_ season.

\_\_\_\_\_

(name)

\_\_\_\_\_

(name)

\_\_\_\_\_

(name)

\_\_\_\_\_

(name)

\_\_\_\_\_

(name)

\_\_\_\_\_

(name)

\_\_\_\_\_

(name)

\_\_\_\_\_

(name)

\_\_\_\_\_

(name)

\_\_\_\_\_

(name)

\_\_\_\_\_

(Parent Signature)

\_\_\_\_\_

(Date)

This form must be turned into the Director of Athletics prior to the start of the season.

Our Lady of Lourdes High School  
AUTHORIZATION FORM FOR TRAVEL  
RELEASE FROM ATHLETIC CONTESTS

This is to certify that my child \_\_\_\_\_  
has my permission to ride home from away athletic contests with  
the following authorized individuals:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

This form must be turned into the Director of Athletics prior to the start of  
the season.

