

# TRAFTON ACADEMY

P.O. Box 35321 Houston, Texas 77235-5321 (713) 723-3732

## AFTER SCHOOL SPORTS PARTICIPATION PERMISSION SLIP

To Whom It May Concern:

This is to certify that my son/daughter \_\_\_\_\_ has my permission to participate in Trafton Academy's after school sports program during the 20\_\_- 20\_\_ school year.

*Circle only those sports teams you intend or expect your child to try-out for or circle 'None' below.*

<u>Fall:</u>	<u>Winter:</u>	<u>Spring:</u>	<u>All Year:</u>
Co-ed Soccer	Boys Basketball	Girls Softball	None
Girls Volleyball	Girls Basketball	Girls Track	
		Boys Track	

It is my understanding that these activities are being taken under the auspices of Trafton Academy and will be supervised by a teacher (coach). I hereby release Trafton Academy from liability and waive any and all claims against Trafton Academy and its' school authorities, individually and collectively, for any injuries or damages which might be received during the activity, at practice, at games or in traveling to and from scheduled games. This includes all liabilities incurred to or by my child while being driven to and from said activities either in a privately owned vehicle or in transportation provided by Trafton Academy. The faculty and sponsors have my permission to seek emergency medical treatment for my child if they think it necessary.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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

MOTHER'S NAME \_\_\_\_\_ HOME PH. \_\_\_\_\_ Cell/Work PH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME PH. \_\_\_\_\_ Cell/Work PH \_\_\_\_\_

Emergency Phone Number(s) Between 3:30 - 7:30pm

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_