

St. Augustine Catholic School Cougar Sports Permission Slip

Dear Parent/Guardian,

We are excited that your child has chosen to participate in the Cougar Sports program. Please note we have made a few changes this year to enhance you and your child's overall satisfaction in the Cougar Sports Program. We hope to have a wonderful school year!

- I/We read the fee memo and agree to the athletic fee of \$75.00. Student athletes cannot play/practice until athletic fee is provided.
- I/We understand the mandatory volunteer or payment policy my/our time with sport-related activities.
- I/We understand that the no pass/no play rules are in effect.
- I/We support the after school procedure which states that after school, student players will go immediately to the gym and await instructions from a coach/ volunteer. For safety we would like all players to be in the same area and will be able to proceed as a group to the field or to transportation for away games.
- I/We agree that sibling(s) of student athletes will be accompanied by a parent/guardian at all practices/games. Parent(s)/Guardian(s) must send a note stating otherwise and confirmed by school office. School is not responsible for sibling(s).
- I/we understand that we are solely responsible for arranging rides to and from games if I/we are not able to transport my/our child.
- The uniform will be returned at the end of the season. If the uniform is not returned by date requested: 5/21/12 a fee of \$50.00 will be imposed.

Please fill out the below information in black/blue ink.

_____ has my _____ permission to
Student's name parent/guardian name

participate in the after school Cougar Sports program at St. Augustine Catholic School.

Student's Signature: _____ Grade _____

Parent's Signature: _____ Date _____