

**PERMISSION SLIP**

I request that \_\_\_\_\_ School release my son/daughter to \_\_\_\_\_ and allow him/her to participate in the Catholic Schools Academic League Quick Recall program home/away match on \_\_\_\_\_ at \_\_\_\_\_.

I understand that for away matches my child as well as all of the other children in this activity are traveling in private vehicles driven by parents. I understand that arrangements for these drivers will be made by me. I also understand that the coach will maintain a list of telephone numbers by which I may be reached at any time in the event of an emergency(since these matches are held within the Louisville Metropolitan area this document gives the driver the authority to transport, but not treat, my child.)

In consideration for the making of arrangements for this activity I hereby release and save harmless the parent driving (for away matches), the coach, and the school and any and all Personnel of the school from any and all liability for any injuries, loss or other claims arising out of or resulting from this trip and/or activity.

**CHILD'S NAME** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME** \_\_\_\_\_ **(PLEASE PRINT)**  
**(CIRCLE ONE)**

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**CELL PHONE NUMBER** \_\_\_\_\_