# St. Charles Athletics Program - Sports Participation Form

My child: _____
has my permission to participate in the **P.P.S.L. SPORTS PROGRAM** for the **2024-2025** school year**,** which includes Baseball, Basketball, Track and Volleyball Teams. We agree to abide by the rules and regulations of both the St. Charles School Athletic Program and the P.P.S.L. Sports Commission.

| | |
|---|---|
| Mother's Name: | Father's Name: |
| Address: | |
| Home Phone: | Business Phone: |
| E-mail Address: | Cell Phone: |
| Doctor: | Dentist: |
| Address: | Address: |
| Phone: | Phone: |
| Hospital: | Insurance Carrier: |
| Phone: | Member ID Number: |

## Authorization to Consent to Treatment of a Minor

***In order to expedite necessary treatment, St. Charles recommends that you grant consent to the team coach.***

As the undersigned parent and/or legal guardian of child named above, a minor, I hereby authorize:

| Name | Address | Phone | Cell Phone |
|---|---|---|---|
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as agent(s) for the undersigned, to consent to any X-ray, examination, dental, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the State Medical Practice Act, or dentist licensed under the provision of the Dental Practice Act, whether such an examination, diagnosis or treatment is rendered at the office of said physician or dentist or at a hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such examinations, diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his or her best judgment may deem advisable; and the undersigned hereby assumed all financial responsibility for the obligations incurred by the said agent(s) on behalf of said minor.

Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until May 31, 2025. Parents please note that payments of any resulting hospital, medical or related costs are to be covered first by your insurance coverage or your benefit plan. St. Charles provides only secondary or supplemental coverage.)

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Parent or Guardian Signature: _____ Date: _____

Student Name: _____ Grade for 2024-2025: _ Grades