



## Parental Consent Form

I hereby give my consent for \_\_\_\_\_ to compete in Notre Dame Catholic School approved sports, to go with the coach or other representative of the school on trips, and to obey those rules and regulations of said supervisors.

I hereby grant permission for school employees to secure medical services for the above named student, if necessary. It is understood that neither the school nor its representatives assume any responsibility for medical care for my child.

I hereby agree to be responsible for the return of all athletic equipment issued by the school to the above named student, or to pay for replacement of such items.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_