EXTRA-CURRICULAR ACTIVITY PARENT PERMISSION SLIP

Coach/Sponsor Name: ________________________________

Activity/Club/Sport: ________________________________

Start Date: __________________ End Date: ________________

Parent: Please complete & return this form to the school office.

I, ____________________________, give permission for my child ____________________________

(Parent Name) (Student Name)

to participate in ________________________________ at The Stonehaven School

(Sport/Club/Activity)

during the ____________ school year.

(Year)

My signature evidences that I accept general liability for the participation of my child in the
activity, club, or sport identified above and that I agree to indemnify and hold harmless The
Stonehaven School, its teachers, its sponsors, its governing board, and other participating
agents, either jointly or severally, from and against any and all claims, injuries, damages,
losses, costs, or causes of action that may arise in connection with this activity, club, or sport.

If my child is participating in a sports or athletic activity my signature evidences that I
understand that each participating student must have a sports physical from a licensed
physician on file in the school office before the first practice of the first sport played each
school year. This physical is valid for all sports played for this school year only.

My signature also evidences that I agree, in the event of a medical emergency, to allow my
child to be treated by medical personnel as outlined in my “Emergency Release Form.”

_________________________ (Parent Signature) __________________________ (Date)

Students must have completed and signed permission slip and sports physical (if applicable) before they
will be permitted to participate in the above activity, club, or sport. Students without permission slips
(and sports physicals, if applicable) will not be allowed to participate. **No exceptions will be made.**