



**MOUNT DE SALES ACADEMY  
PARENTAL CONSENT**

\*Submit to Athletic Department

The Athletic Department of Mount de Sales Academy requires the parents/guardians of our students to sign this participation consent form before students may practice and/or participate in any athletic activity. Besides basic permission parents/guardians need to include emergency information and sign a consent form to allow the use of their daughter's names and likenesses for news media and publicity purposes.

In order to insure that your daughter does not lose time from practice or games:  
**Fill out the below form and return to the Athletic Department before each season.**  
(To confirm receipt of permission forms contact the MDSA Athletic Department 410.744.8498 x163)

MY DAUGHTER (FULL NAME, please print):

GRADE LEVEL:

\_\_\_\_\_

Has my permission to practice and participate in the below sport at Mount de Sales:

Sport:

\_\_\_\_\_

I also consent to the use of my daughter's name and/or likeness in the news media (print and/or electronic) and for Mount de Sales Academy publicity purposes.

\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_

DATE

Parent's email: \_\_\_\_\_

Student's email: \_\_\_\_\_

**EMERGENCY INFORMATION**

HOME ADDRESS: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ PHONE (OTHER): \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

EMERGENCY PHONE (HOME): \_\_\_\_\_

EMERGENCY PHONE (OTHER): \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ANY ALLERGIC OR MEDICAL CONDITIONS THE COACH SHOULD BE AWARE OF:

\_\_\_\_\_

My daughter is covered by health insurance:

Insurance Provider: \_\_\_\_\_ policy no. \_\_\_\_\_