



## Permission Slip

I REQUEST ROYAL PALM ACADEMY ALLOW MY CHILD

STUDENT NAME(S) HERE: \_\_\_\_\_

TO PARTICIPATE IN THE KINGS SPORTS PROGRAM

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WHO: \*Please Circle One: JV-Girls (4-6) / Varsity-Girls (7-8) / JV-Boys (4-6) / Varsity-Boys (7-8)

DATES: Please check the RPA webpage for all practice and game schedules located under the "Athletics" tab. Practices begin on the week of February 15<sup>th</sup> (**PLEASE CHECK THE SCHEDULE FOR PRACTICE DAYS AND TIMES**)

COST: **90.00** (\*Multiple Student Discount: 1<sup>st</sup> student full price, 2<sup>nd</sup> student or more \$5 off, please note cost includes a free Practice shirt)

T-Shirt / Uniform Size:      YM    YL    AS    AM    AL    AXL

I hereby expressly relieve, indemnify, save and hold harmless Royal Palm Academy, and all agents or employees thereof from and against any and all liability or claims arising from injury or damage to person or property or both caused by or resulting from said child's acts, omissions or conduct while on said trip. I also release and relieve Royal Palm Academy and personnel from any and all liability or claims arising from injury, infectious disease, or damage suffered or incurred by said child as a result of the acts, omissions, or conduct of any person, other than the negligence of Royal Palm Academy or its personnel.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **MEDICAL INFORMATION**

In the event student becomes ill, I authorize the administrators, teachers, or chaperones to obtain medical attention at a physician's office or hospital. Student is covered by the following medical insurance:

Insurance Company Name \_\_\_\_\_ Group # \_\_\_\_\_

Allergies \_\_\_\_\_ Chronic/Acute Illnesses \_\_\_\_\_

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO REACH ME BEFORE MEDICAL PERMISSION IS GIVEN TO TREAT MY CHILD.

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Royal Palm Academy**  
**Athletic Participation Contract**

I hereby request Royal Palm Academy to grant permission for my student to participate in Royal Palm Academy's Sports Program. I understand that I am entering into a voluntary contract between myself, the parent of a Royal Palm Academy student, and Royal Palm Academy for participation in school sponsored athletic activities.

I agree to cooperate with and support the rules and regulations as they are published in the Royal Palm Academy Student-Parent Handbook, and Student-Parent Athletic Handbook. I understand that I must be familiar with and accountable for these rules and regulations and the policies and procedures, which govern participation in athletics representing Royal Palm Academy.

As a player, my student understands that he/she must fulfill all religious and academic responsibilities for Royal Palm Academy and conduct himself/herself as a committed Christian in school, outside of school, and at any activity involving athletic competition representing Royal Palm Academy. My student agrees to be held accountable by the rules and regulations regarding athletics and to submit himself/herself voluntarily to the applications of the rules.

As a parent of a Royal Palm Academy athletic participant, I understand my responsibility and obligation to see that my child fulfills his/her religious and academic responsibilities including schoolwork and complies with the rules and regulations for participation in Royal Palm Academy athletics. I further agree that as an adult I will conduct myself in a responsible and Christ like manner at all times at all practices and games and will engage in no activity or conduct which in any way is disrespectful, combative or confrontational, or questions Royal Palm Academy administration, coaches, officials or anyone connected with the conduct of Royal Palm Academy athletics.

As a player and parent, we acknowledge that a violation of the rules and regulations may inhibit our ability to participate in athletics representing Royal Palm Academy. Our signatures mean that we understand and accept these conditions for participation in Royal Palm Academy's athletic program for our student and family.

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_