



**Frassati Catholic Academy**  
4690 Bald Eagle Avenue  
White Bear Lake, MN 55110  
651-429-7771

**Athletic Fees:**  
**\$90 for basketball**  
**\$100 for swimming**

**PARENTAL AUTHORIZATION FOR ATHLETIC PARTICIPATION: (CHECK SPORT BELOW)**

Winter Sports:  Basketball  Swimming

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade 2018-2019 \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Phone (C): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other known diseases, medical conditions or disabilities:  
\_\_\_\_\_

I give my permission for my child to participate in above named sport. In consideration of the opportunities for my child to participate and fully recognizing that such an activity involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of St. Paul/Minneapolis, Frassati Catholic Academy, its agents, employees and officers, and the chaperones, leaders, organizers and sponsors and persons transporting our child to and/or from these activities. Neither the Archdiocese of St. Paul/Minneapolis, Frassati Catholic Academy nor any of said persons shall be held financially responsible for any injury illness, or death incurred as a direct or indirect result of this activity.

I, the undersigned, have read this release, the Frassati Catholic Academy Athletic Policy booklet and understand all terms and execute it voluntarily and with full knowledge of its significance.

There is no medical insurance provided by the parish, school or the Archdiocese.

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Parent Signature: \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

A signed Parental Authorization for Athletic Participation and a current Sports Physical must be on file at school for your child to participate in a sport.

For Office Use Only Athletic Registration Form	
Date Received	_____
Date Paid	_____
Form of Payment	_____
Amount	_____
Sports Physical	_____