

THE ACADEMY OF OUR LADY OF PEACE

Permission/Release Form

Student's Name:		Grade:	
EMERGENCY CONTACT:			
Name:		Phone:	
Cell Phone:	Email:	Email:	
Address:			
I request that my child partic	cipate in: (check all that a	pply)	
Cross Country	Volleyball	Track & Field	Softball
for The Academy of Our Lac or damages which I may hav and all of their agents, servan incur while taking part in you be sustained while traveling to understand it is my responsible understand that if my child be will be called to take my child	re against Our Lady of lants and employees, for a ur program. This releast to and from participation bility to pick up my chiloecomes ill or destructive	Peace Parish, the Archdioce any and all injuries which mose also encompasses any injurient in your program. As a paid at the predetermined time	se of Newark, ny child may uries which may arent I e. I also
Signature of Parent/Guardia	n	Date	
I hereby waive and release and Our Lady of Peace Parish, the employees, for any and all ingrelease also encompasses any participation in your program 'EMERGENCY CONTACT	ny and all rights and clane Archdiocese of Newa juries which I may incu injuries which may be m. I also understand th	aims for damages which I m rk, and all of their agents, so ir while taking part in your sustained while traveling to at if I become ill or destruct	ay have against ervants and program. This and from
Signature of Student Particip	oant	Date	