

OUR LADY ACADEMY

222 South Beach Boulevard Bay St. Louis Mississippi 39520

ATHLETIC DEPARTMENT

STUDENT _____

Dear PARENT/STUDENT:

OLA is planning to participate in nine interscholastic activities this year: cross country, volleyball, swimming, basketball, soccer, tennis, track, softball, and band.

A student who wishes to participate in any of the above-mentioned activities must have the "**Authorization of Parent/Guardian**" (below) filled out. She must also have the "**Authorization for Emergency Care to a Minor**" and "**Health Record/Doctor's Examination**" (both attached) filled out. A fee of fifteen dollars will be collected for the doctor's examination if the exam is given through arrangements made by OLA. **An additional Athletic Fee of twenty five dollars will be required of the student's family to support the OLA Athletic Programs.** That check will be made out to the OLA Booster Club. The Booster Club payment is due at the time the forms are turned into the school. The exam fee will be due at the time of the exam.

In filling out these forms please fill out all appropriate blanks and comply with relevant requests. In particular, would you kindly insure that **copies of insurance cards** (health) are attached. Also, in providing addresses, **do not give P.O. addresses.** All signatures should be original. Witnesses should be adults and persons other than parents of the student.

Pursuant to requirements of the Mississippi High School Activities Assn. each student must present for our inspection official birth certificates issued by appropriate governmental agencies, e.g., Bureau of Vital Statistics. (Hospital certificates and photo copies are not accepted.) We return these. This is a one-time requirement; students who have previously submitted birth certificates should not do so again. OLA requires that students participating in these activities have school medical insurance.

AUTHORIZATION OF PARENT/GUARDIAN

I am a parent/guardian of the above-named student. She has my permission to participate in the following interscholastic activities. **Please clearly circle "YES"** for each activity below. Please note that circling "YES" does not mean that a student has to participate in these activities, it simply means she is authorized to do so. If NO is circled for an activity, the student does not have permission to participate in that activity.

Cross Country	Yes	No
Volleyball	Yes	No
Swimming	Yes	No
Band	Yes	No
Basketball	Yes	No
Soccer	Yes	No
Track	Yes	No
Softball	Yes	No
Tennis	Yes	No
Cheerleading (SSC)	Yes	No

Parent/Guardian Signature

Street Address

City **Zip**

Phone

TO STUDENT: You are responsible for checking all forms to insure that they are correctly completed. **Do not submit incomplete forms.**

OUR LADY ACADEMY
BAY ST. LOUIS, MISSISSIPPI

2010-2011

AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

We, the undersigned parent(s) of _____ a minor, do hereby authorize OUR LADY ACADEMY and/or ST. STANISLAUS HIGH SCHOOL as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by the State of Mississippi, Louisiana, or Alabama. It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide authority and power on the part of OUR LADY ACADEMY and/or ST. STANISLAUS to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable, if the parents are not available to make the decision themselves. This authorization shall remain in effect until August 1, 2010 unless revoked sooner in writing and delivered to Our Lady Academy and St Stanislaus High School.

Students Name: _____ Grade _____ Soc. Sec# _____
Address _____ Home Phone # _____
Birth Date _____ Age _____ Last Tetanus/Diphtheria Booster _____
Allergies to medicine or foods _____
Any special medications or pertinent information _____

(use back if necessary)

Parents/Legal Guardian _____ Phone _____
Address _____
Bus. Phone _____ Employer _____
Occupation _____ Employer's Address _____

MEDICAL INSURANCE

Primary Insurance Company _____
Address _____
ID. No. _____ Group No. _____
Name of Policy Holder _____ Social Security # _____
Secondary Insurance Company _____
Address _____
Name of Policy Holder _____ Social Security# _____
ID.No. _____ Group No. _____

Family Physician _____

Father's Signature _____ Date _____
Witness _____ Date _____

Mother's Signature _____ Date _____
Witness _____ Date _____

PLEASE BE SURE TO ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM