

**CRISTO REY BROOKLYN DEPARTMENT OF ATHLETICS**

710 East 37<sup>th</sup> Street, Brooklyn, New York 11203

Mr. Matthew Kenny, *Director of Athletics*

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914-420-9589



**Athletic Permission Slip**

By signing this permission slip, you grant your child permission to participate in interscholastic athletics at Cristo Rey Brooklyn High School. Your signature evidences that you accept liability for the participation of your child as a student-athlete at Cristo Rey Brooklyn High School and that you agree to indemnify and hold harmless Cristo Rey Brooklyn, its teachers, its coaches, its sponsors, its governing board, and other participating agents, either jointly or severally, from and against any and all claims, injuries, damages, losses, costs, or causes of action that may arise in connection with this sport.

Details concerning times and location of practice and games will be communicated by the head coach at the start of the season and on a weekly basis. You can also access team schedules at [www.cristoreybrooklyn.org/athletics](http://www.cristoreybrooklyn.org/athletics).

Circle sports you are interested in playing:

**Fall Sports**

- Boys & Girls Cross Country
- Girls Varsity Soccer
- Boys Varsity Soccer
- Girls Varsity Volleyball

**Winter Sports**

- Girls Varsity Basketball
- Boys Varsity Basketball
- Boys JV Basketball
- Boys & Girls Indoor Track

**Spring Sports**

- Varsity Baseball
- Varsity Softball
- Boys & Girls Outdoor Track

I give (student-athlete's name) \_\_\_\_\_ permission to participate as a student-athlete at Cristo Rey Brooklyn High School by signing below.

Parent/ Guardian Name: \_\_\_\_\_ Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Mother email: \_\_\_\_\_ Cell: \_\_\_\_\_

Father Name: \_\_\_\_\_ Father email: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Guardian: \_\_\_\_\_ Other Guardian: Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Guardian: \_\_\_\_\_ Other Guardian: Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Student-athlete's workday: \_\_\_\_\_. Are you a Girl's Hope Scholar? Yes or No

If your child has asthma, he/she is responsible for bringing his/her inhaler to every practice or game.

Check below if your child has asthma:

\_\_\_\_\_ Yes my child has asthma.

Please indicate any medical conditions the coaching staff should be aware of below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_