Lovers Lane Campus 625 Lovers Lane Steubenville, Ohio 43953 740-264-3651 Fax: 740-264-4277



Rosemont Campus 3100 Etta Ave. Steubenville, Ohio 43952 740-264-2550

Fax: 740-266-2843

Athletic Participation and Medical Release Form

Student Name	Homeroom:
Name of Custodial Parent(s):	
Student's Mailing Address:	
Home Phone: Emerg	gency Contact Phone:
Family Email Address:	
ALL SIGNATURES BELOW MUST BE PROVIDE IN STEUBENVII	DED IN ORDER FOR A STUDENT TO PARTICIPATE LLE AREA ATHLETICS
Permission to Participate:	
obligations which might occur as a result of loss or day	cipate in the sport indicated and agree to assume any financial mage to team uniforms provided. Further, I have reviewed the ipation in athletics in the Steubenville Area Parochial League and lease of academic and conduct information regarding my child to
Parent/Guardian Signature:	Date:
Medical Clearance:	
I attest that the child named above was evaluated by a p medical condition was found which should prohibit this	physician, and, that in the course of this (these) evaluation(s), no student from participating in the sport identified.
Parent/Guardian Signature:	Date:
Although the child named above has no medical con- identified, he/she has these medical conditions of which	ditions that would eliminate his/her participation in the sport coaches should be aware:
Medical Authorization:	
Should it be necessary, I grant permission for the child of by automobile or ambulance, and to receive emergency of	named above to be provided first aid, transported to the hospital care from a hospital or qualified medical provider.
Parent/Guardian Signature:	Date: