



Marist High School Athletics Permission Slip

I wish to have my child, (Print Name) _____, participate in the Marist High School sports camp indicated below. I recognize that risk of accident and/or injury are possible consequences of participation in any activity. I appreciate the character of the risks involved and I voluntarily assume all risk of injury. In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of employees of Marist High School of any and all of the foregoing, pertaining or related to, or arising from, in any manner, injuries to my child as a result of participation in this activity.

_____ Marist Softball Clinic

_____ Marist Baseball/Football Camp

Parent Name (Printed)

Parent Signature

Date

Please have the camper bring this completed form to the first day of camp.