

Athletic Registration Parent Permission Form 2019-2020

Student's Name:	Age:	Date of Birth:	//_
Graduation Year: (please circle) 2022 2021	2020 2019		
Sport: (please circle one) Cross Country- Bask Football- Cheerleading	etball – Baseball- Softb	all- Track- Soccer- Vo	olleyball-
Student's Address:	Ci	ty:	
Cell Phone: () H	ome Phone: ()		
Parent's or Guardian's Name:Parent's Cell Phone: ()		_	
IN ORDER TO COMPLETE THIS FORM TO FORM ON FILE ADMINISTERED WITHIN TO TRYOUT OR PRACTICE UNTIL	THE LAST 13 MONTHS	S. NO STUDENT IS P	ERMITTED
Parent's Permission- It is the expectation that all Cristo Rey Boston student athlete is not committed throughout that athlete.			
All student-athletes are responsible for the equipment to they are expected to return said equipment to billed for replacement cost of missing or dama student's respective coach regarding all issues	their coach. Parent/Goged items. Students ar	ıardians of student-a	thletes will be
My signature confirms that my son/daughter l Cristo Rey Boston High School from Aug. 27, 2 my knowledge, my child is healthy and is able to perform. I have read and understand the ru	018 until June 15, 2019 to participate in any w	. It also certifies, to orkout activities he/s	the best of
Parent's Name (Print)	Parent's Sign	ature Da ⁻	te
Student's Name (Print)	Student's Sig	nature Da	 te

Do I need an Athletic Waiver?

Please Check the Box(es) that apply.

I have been in High School for 5 years.
I transferred to Cristo Rey Boston from another High School.
I will turn 19 before the start of the academic year.

Access to the Free Online Concussion Course can be found at crbathletics.com under the Links/Forms page. Please email all Certificates to the Dean of Student Support.

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