

**EPIPHANY ATHLETICS
PARENTAL RELEASE FORM
INTRAMURAL LEVEL
GRADES K-5
(Please Print)**

Player's Name _____ Grade _____

Name of Sport(s) _____ Room # _____

Parents or Guardians _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail address _____

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The Epiphany Athletic policies are outlined in the Epiphany parent-student Handbook.

Coaches are not allowed to transport players to and from Epiphany. Please help coaches by picking up your child on time.

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Please read, initial by the numbers and sign below.

1. _____ I have read the Athletic policies on the website.
2. _____ I understand there is a fee of \$20.00 **for each sport** my child participates in.
3. My child's shirt size is (please circle): Youth / Adult S M L XL

I have read and understand the above guidelines as they pertain to Epiphany athletics. I give my permission for my child to participate.

Parent/Guardian Signature _____ Date _____

_____ I am interested in volunteering to Coach/Assistant Coach with my child's team.

_____ **I have completed a criminal background check.**

_____ **I have attended a VIRTUS training session. Date attended** _____

Office use only

Sports Fee

Check# _____ Paid _____