



**HOLY CROSS CATHOLIC ACADEMY**  
**4110 S. Bonham Street**  
**Amarillo, Texas**



**(806) 355-9637 / 353-9520 (Fax)**

**PARENTAL / LEGAL GUARDIAN PERMISSION SLIP**  
**FOR OFF-CAMPUS ATHLETIC EVENTS – BUS TRANSPORTATION**  
**2014-2015 ATHLETIC SCHOOL YEAR**

Your child/guardianship is eligible to participate in school sponsored athletic activities which require transportation to locations away from the Holy Cross Catholic Academy (HCCA) campus and city of Amarillo. This form was created to save you time and that of the athletic staff, by requesting your permission for your child/guardianship to travel to all out-of-town trips sponsored by the athletic department. These activities will take place under the guidance and supervision of HCCA staff or adult volunteers. This form only covers students traveling on an HCCA approved bus and any other form of transportation must be approved by HCCA administration in writing.

This form covers all athletic activities: Volleyball, Football, Basketball, Cheerleading, Golf and Track for the 2014-2015 school year.

I hereby give consent for \_\_\_\_\_, (student) to participate in the athletic activity described above. I understand this event will take place away from the HCCA campus, and my child/guardianship will be under the supervision of the designated HCCA staff or adult volunteers. I further consent to the method of transportation stated above.

As parent/guardian you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

**Please Print:**

\_\_\_\_\_  
 Parent / Guardian Name

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Emergency Phone or Cell Phone

\_\_\_\_\_  
 Family Insurance Carrier

\_\_\_\_\_  
 Policy Number

I hereby authorize HOLY CROSS CATHOLIC ACADEMY to take my child/guardianship for medical treatment in the event of an emergency in which neither parent can be reached. I authorize any licensed physician or medical center to treat my child.

\_\_\_\_\_  
 Parent / Guardian Signature

\_\_\_\_\_  
 Date

A copy of this form will be carried on the bus, with the head coach and with the Athletic Director.

**MISSION STATEMENT**-The mission of Holy Cross Catholic Academy is to challenge all students to attain their full potential to contribute to church, school and society as we share the life and message of Christ.