



ACADEMY OF MOUNT ST. URSULA

Four Years to Last a Lifetime

ACADEMICS | ARTS | SERVICE

This form states that _____ is physically fit to participate in
(Please Print)

the following sport(s) without any limitations. (Please check all that apply)

_____ Basketball

_____ STEP

_____ Softball

_____ Cheerleading

_____ Volleyball

_____ Dance Club

The above patient was seen in my office on _____.

Doctor's signature: _____

Doctor's address _____

Doctor's phone number _____

(Doctor's Stamp Here)



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I, _____, hereby ask permission for _____
(parent's name) (student's name)

to try out and participate in **team sports, performances and intramural events**. If selected for a team, I understand that my daughter is responsible to obey all school rules and the directions of her coach(es). If she does not cooperate with school personnel I understand that she will be suspended from the team and face possible removal from the team. I agree that the school shall not be held liable for any injury sustained while competing or at practice. I do not hold anyone connected with this activity responsible if any misfortune should occur as a result of any unforeseeable circumstance. I understand and support the fact that my daughter must comply with the directives given by the school. I also understand that the team will travel together to games either by school bus or by public transportation. As a member of the team, each student athlete will be responsible for coming to practice on a regular basis. Practices are after school, some weekends and over school vacations. The student athlete may be removed from the team if she is not in good academic standing or has too many disciplinary actions against her.

Student's Name: _____ Homeroom: _____

Parent's Signature: _____ Date: _____

Parent's Phone Number: _____

Medical clearance is mandated for students in ALL grades. No student will be permitted to participate without proper medical clearance.

Thank you for your cooperation and support in this matter.

Ms. Harrison
Athletic Director

Volleyball Tryouts:

WHEN: Monday, August 21st
TIME: 9:00am – 10:30am - Freshmen
11:00am-12:30pm - Sophomores, Juniors & Seniors
LOCATION: AMSU Gym
WEAR: T-Shirt, Gym Shorts, Knee Pads, & Sneakers

*Bring this form completed by your doctor to tryouts.
No phone calls, emails or faxes will be accepted.*



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Este formulario indica que _____ está físicamente apta

(Por Favor Escriba Nombre)

para participar en los siguientes deportes sin limitaciones. (Por favor marque todos los que apliquen)

_____ Baloncesto/*Basketball*

_____ *STEP*

_____ Softbol/*Softball*

_____ Porrista/*Cheerleading*

_____ Voleibol/*Volleyball*

_____ Club de baile/*Dance Club*

La paciente fue atendida en mi clínica el _____.

Firma del Doctor/a: _____

Dirección de la clínica _____

Teléfono de la clínica _____

(Sello del doctor aquí)



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Yo, _____, doy permiso a _____

(nombre del padre)

(nombre de la estudiante)

para someter a prueba y participar en **deportes de equipo, actuaciones y eventos escolares**. Si es seleccionada para un equipo, entiendo que mi hija es responsable de obedecer todas las reglas del colegio y las instrucciones de su entrenador/es. Si ella no coopera con el personal del colegio entiendo que ella será suspendida del equipo y posiblemente será retirada del equipo. Estoy de acuerdo en que el colegio no será responsable de ninguna lesión sufrida durante la competencia o en la práctica. No responsabilizo a nadie relacionado con esta actividad si se produce alguna desgracia como resultado de cualquier circunstancia imprevisible. Entiendo y apoyo el hecho de que mi hija debe cumplir con las decisiones del colegio. También entiendo que el equipo viajará junto a los juegos, ya sea en autobús escolar o en transporte público. Como miembro del equipo, cada estudiante atleta será responsable de asistir a todas las practicas. Las prácticas son después del colegio, algunos fines de semana y durante las vacaciones. La estudiante atleta puede ser eliminada del equipo si no está en buena posición académica (con notas bajas) o tiene demasiadas acciones disciplinarias en su contra.

Nombre de la Estudiante: _____ Homeroom: _____

Firma del Padres: _____ Fecha: _____

Número de teléfono de los padres: _____

La autorización médica es obligatoria para las estudiantes de TODOS los año electivos.

No se permitirá a ninguna estudiante participar sin el permiso médico apropiado.

Gracias por su cooperación y apoyo en este asunto.

Srta. Harrison

Directora de atletismo

330 Bedford Park Boulevard | Bronx, NY 10458 | www.amsu.org

P: 718-364-5353 | F: 718-364-2354



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The Academy of Mount St. Ursula Athletics Department

AMSU offers varsity sports teams in basketball, cheerleading, softball, STEP & volleyball.

In order to try out for any team, each student must submit AMSU's Doctor's Note & Parent Permission Slip. ([Can we add a hyperlink to show the pages of 11, 12, 13 and 14 that are on the September mailing slider?](#))

- Please note this is a separate form in addition to AMSU's physical examination/vaccination history form.
- This form is valid for one year following the date of the student's physical examination as stated on the form.

There is a \$25 Sports fee for any student that participates on a sports team. It is \$25 per sport, so if a student participates on more than one team, the fee is charged during each respective season.

- The fee will be billed to the student's Smart Tuition account the month following tryouts.

The \$25 Sports fee is new for the 2017-2018 school year to help cover the costs of:

- **Transportation:** Teams travel to and from away games via school bus with their coach.
- **Uniforms:** Uniform policy varies from team to team. Students may have to purchase pieces of the uniform as an additional expense.
- **Sports Awards Brunch:** In June 2018, the Sports Awards Brunch will be held to honor the achievements of the five sports teams for the 2017-2018 school year. The brunch is free for the athlete. Tickets for guests are \$5 each. (More details to follow.)