

## **Rayne Catholic Elementary School**

Athletic Department  
407 South Polk Street  
Rayne, La 70578  
334-5657 (office)  
334-3794 (gym)  
334-3301 (fax)  
abeslin@raynecatholic.org

Dear Parents,

This packet must be filled out completely and returned immediately to the athletic office. Please include a copy of your current insurance card. Every athlete must have proof of insurance, a current LHSAA approved physical form, and the attached packet on file before they will be allowed to participate in a sport. Thank you for your immediate action on this matter. If you have any questions, please feel free to contact me.

Sincerely,

*Anthony Beslin*

Anthony Beslin  
Athletic Director

## 2009-2010 RCE Athletic Packet

This packet of information is **mandatory forms** required by Rayne Catholic Elementary.  
Each form must be filled out completely along with a completed physical.

We ask that you return all forms filled out completely and return to school as  
immediately.

**All forms are to be completed and returned along  
with proof of insurance before the athlete is allowed to  
participate in his or her respective sport.**

Thank you for your cooperation!

Anthony Beslin  
Athletic Director

Fred Menard  
Principal

ATHLETE'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

GRADE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify the preceding information is correct. I have read and understand all rules in the athletic handbook (located in school handbook).

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

## **PARENTAL PERMISSION**

To be completed and signed by a parent

I have read and reviewed the general rules and requirements as stated in the Athletic Handbook. I understand that additional questions/explanations and specific circumstances should be directed to my students coach, athletic director or principal.

I verify that the above information is filled out truthfully and completely.

If the medical status of my child changes in any significant manner after their physical exam, I will notify his/her principal of the change immediately.

I hereby give my full consent and approval for my student named on this form to participate in the sports marked.

FOOTBALL

VOLLEYBALL

(boys) BASKETBALL

(girls) BASKETBALL

(boys) TRACK

(girls) TRACK

BASEBALL

SOFTBALL

DATE: \_\_\_\_\_ PARENT'S SIGNATURE: \_\_\_\_\_

PARENT'S NAME (print): \_\_\_\_\_

PHONE :\_(\_\_\_\_) \_\_\_\_\_

# RAYNE CATHOLIC ELEMENTART MEDICAL CONSENT FORM

ATHLETE: \_\_\_\_\_

I grant permission to a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
PARENT/GUARDIAN

ADDRESS OF MINOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES, REACTIONS,  
COMMENTS: \_\_\_\_\_

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**STUDENT TRANSPORTATION**  
**RELEASE FORM**

I request that Rayne Catholic Elementary allow my child,  
\_\_\_\_\_,  
To ride in a private vehicle driven by a school approved volunteer

driver/owner to all sporting events during the current school year. I hereby release Rayne Catholic Elementary, its coaches, and the Office of Catholic Schools, Diocese of Lafayette, and all of its official representatives from any liability which is related to the school trip in the case of and accident or injury to my child.

Parent (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_