The Cathedral School
Athletic Participation Form and Waiver 2026 - 2027

(This form only needs to be completed once per school year)

Name of Student Athlete: _____
Grade:_____
Parent/Guardian: _____
Address:_____
City: _____State:_____NC Zip Code: _____
Cell Phone: _____WorkPhone: _____

Sports that your child plans to try-out for this school year:
Volleyball_____ Soccer_____ Cross-Country_____ Basketball _____ Golf_____

Athletic Fees:
If your child is selected for a team, the following fee will be automatically drafted from your online FACTS account for each sport in which your child participates:

Fees by Sport: Cross-Country,- $75.00
Soccer, Volleyball, Basketball, - $135.00

If you feel called to coach, your child will not be charged for playing a sport and if you are playing multiple sports at the same time.

We, the undersigned, hereby certify that we are the parent(s) or legal guardian(s) of the student named below. We grant permission to the staff of The Cathedral School to seek appropriate medical attention for the student during school athletic activities, and for the student to receive medical treatment as covered under their insurance policy.

Furthermore, we, the undersigned, for ourselves, our heirs, executors, and administrators, do hereby waive, release, and forever discharge The Cathedral School, along with its staff, officers, agents, employees, representatives, successors, and assigns, from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, personal injury, or property damage that may occur during participation in school athletic activities or while on school premises.

Insurance:
All students participating in athletics at The Cathedral School are required to have their own medical insurance coverage. Students will **not** be permitted to participate in any athletic activities unless the required information below is completed and this form is signed by a parent or legal guardian.

Policy Holder:

Policy and Group Number: _____

Phone number of insurance company: _____
Signature of Parent or Guardian: _____Date:_____

Signature of Parent or Guardian:_____ Date:_____