



San Gabriel Mission High School

254 So. Santa Anita Street

San Gabriel, CA 91776

Athletic Office 626/282-3181 X119
WASC/WCEA Accredited

Fax: 626/282-4209
www.sgmhs.org

San Gabriel High School Gym Application 2009 - 2010

Name _____ Gr. _____

I am an athlete at SGMHS; I play _____

Enclosed is the following annual fee:

SGMHS Athlete: Covered by Sport's Fee _____ Non-athlete \$5.00: _____

I request that my daughter be permitted to join the San Gabriel Mission High School gym. As a condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries that my daughter may suffer as a result of membership. Should it be necessary for my daughter to have medical treatment while participating, I hereby give the school personnel permission to use their judgment in obtaining medical service and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this membership.

Parent/Guardian _____
Print Name

Parent Signature _____ Date _____

Principal Approval _____ Date _____

Athletic Director's Signature _____ Date _____