



VENERINI ACADEMY

27 Edward Street, Worcester, MA 01605/ Tel. 508-753-3210/ www.veneriniacademy.com

Venerini Academy Basketball Parental Permission Form

I/We request that Venerini Academy allow my son/daughter _____
to participate in basketball from November to March. PRINT STUDENT'S NAME

I/We hereby release and save harmless Venerini Academy and any and all of its employees from any and all harm arising to my/our son/daughter as a result of this activity.

Parent/Guardian Signature: _____

Athletic Fee: \$75 – *Please make check payable to Venerini Academy.*

Thank you,

Mrs. Mary Sivo
Athletic Director