



SHINING FOR THE REST OF THE WORLD

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SHADOW DAY PERMISSION SLIP Date of visit: \_\_\_\_\_

Student Name \_\_\_\_\_ ( ) Male ( ) Female Age: \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of student you would like to Shadow (If Applicable) \_\_\_\_\_

I am interested in the following sports:

- Football Basketball Volleyball Cross Country Softball Dance Cheerleading Soccer Tennis Track Flag Team Golf Baseball Powerlifting Bowling

I am interested in the following activities:

- Academic Team Campus Ministry Robotics Band Student Council Yearbook Student Aide Liturgical Choir Drama Club

Parent section: Emergency Phone: \_\_\_\_\_ Cell Work Home

Parent or Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Parent Authorization: My son/daughter, \_\_\_\_\_, has my permission to spend the day at Holy Cross of San Antonio as a guest. I understand that he/she will abide by all the rules and regulations of Holy Cross. If my student will miss school, I have contacted the school to inform them that he/she will not be in school.

I, the lawful parent and guardian of \_\_\_\_\_ (visiting student) hereby grant consent for my child to participate in a Shadow Day Visit which is a sanctioned activity of Holy Cross of San Antonio and authorize the staff of Holy Cross to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Holy Cross of San Antonio from any and all liability for any injuries or illnesses incurred while at Holy Cross High School. I have no knowledge of any physical impairment that would be affected by the named student's participation in this activity. Any known allergies we should know about : \_\_\_\_\_

I can be reached at the phone number above in case of an emergency.

Parent's Signature

Date