



ST. GREGORY THE GREAT
CATHOLIC SCHOOL

700 Dewhurst Rd. San Antonio, TX, 78213 | (210) 342-0281 Fax: (210) 308-7177 | www.stgregorysa.org

Requested 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:

() Basketball () Volleyball () Football () Cross Country () Baseball

() Cheerleading () Softball () Soccer () Tennis () Golf () Track

I am interested in the following activities:

() Academic Team () Chess Club () Campus Ministry () Spanish Club () Math Club

() Student Council () Yearbook () Robotics () Other: _____

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 St. Gregory the Great of San Antonio as a guest. I understand the he/she will abide by all the rules and regulations of St. Gregory the Great. 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 sanctioned by the activity of St, Gregory the Great of San Antonio and authorize the staff of St. Gregory the Great to act for me according to their best judgement in any emergency regarding medical attention, and I hereby waive and release St. Gregory the Great from any and all liability for any injuries or illness incurred while at St. Gregory the Great. 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 signature

Date