ATHLETIC PARTICIPATION FORM – PARENT'S PERMISSION FORM

This form is to be filled out completely and turned in to the office of the
Administrator before the student may participate in a school sport practice and/or play.

STUDENT _____ AGE_____ GRADE_____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MEDICAL HISTORY

(To be completed by parents)

A.   Any communicable disease?   _____

B.   Known past illness of more than one week's duration? _____

C.   Medical conditions currently under treatment? _____

D.   Asthma? _____

E.   Allergy (drugs, food, clothing, etc.)? _____

F.   Any health condition that makes participation in the practice and play of this sport unadvisable? _____ If
       you answered "Yes," explain: _____

       _____

PARENTAL PERMISSION

As a parent or legal guardian of the above named student, I hereby give my consent for him/her to participate in
the school sport of: _____

**I understand that all reasonable precautions will be taken to prevent injury but that there are definite
risks with all sports including serious permanent injury and even death.**

I also grant permission for treatment deemed necessary for a condition arising during participation in these
activities, including medical or surgical treatment recommended by a medical doctor; I understand that normal
and reasonable efforts will be made to contact me prior to treatment but I agree, if efforts to contact me are
unsuccessful, for a medical doctor to proceed as he deems prudent.

I also understand that the school insurance purchased on this student is secondary or excess coverage.

Do you have medical insurance coverage on this student?   YES _____   NO _____
If yes, give company name and policy number. _____

I understand that all reasonable caution will be taken by those persons in charge to prevent injuries, but I agree
that neither those in charge nor the school shall be held responsible in case of accident or other sickness
connected with participation.

If a dispute over this agreement or any claim for damage arises, the participant, his parents and/or guardians
agree to resolve the matter through a mutually acceptable arbitration process.

Signed (Parent or Guardian) _____ Date _____

Phone numbers & email address: _____

Signed (Parent or Guardian) _____ Date _____

Phone numbers & email address: _____