

Parent Permit

To be read and signed by the parent/guardian of the student: _____

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above Agreement to Participate and understand its terms.

2. I acknowledge having received the attached Concussion Information Sheet.

3. I understand that all sports can involve many risks of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.

Parent/Guardian signature: _____

Date: _____

Emergency Contact Information

Name: _____

Relationship to student: _____

Day phone number: _____

Evening phone number: _____

Cell phone number: _____

Other: _____

Name: _____

Relationship to student: _____

Day phone number: _____

Evening phone number: _____

Cell phone number: _____

Other: _____