PARENTAL CONSENT:

I give my permission for my son/daughter, _____ _____
(Athlete's Name)
to participate in interscholastic activities. I realize that such activity involves the potential for injury which is inherent in all activities. I realize that on rare occasions injuries can result in permanent disability, paralysis, or even death. In the event of injury or illness, school/activity/athletic personnel may take whatever action is deemed necessary to insure proper care and treatment for my child.

Parent Signature: _____

Date: ___/___/___