

**PRINTED NAME OF ATHLETE** \_\_\_\_\_

**SPORT** \_\_\_\_\_

**PARENT/GUARDIAN**

By signing this document, you are giving your son/daughter permission to participate in this sport season and indicates that you understand the following:

- I am giving permission for my son/daughter to participate in the ImpACT testing and that my questions have been answered to my satisfaction.
- I am giving my son/daughter permission to participate in this sport season and that I understand the Grades 5-12 Extra-Curricular Activities Eligibility Policy, the Academic Eligibility Policy and the Coach-Parent Relationship and the consequences if violated.
- I have obtained a completed Physician's Medical Clearance form for my child.
- My child has completed the Informed Consent form, which I have acknowledged as parent/guardian of my child, and I agree to the terms and conditions set forth in that Informed Consent form on behalf of my child as his/her parent/guardian.

**INHERENT HAZARDS AND RISK:**

I acknowledge that this sport/athletic event is an extreme test of my physical and mental limits, and carries with it the potential for serious injury, property loss, or death.

It is understood that the inherent dangers and risks of playing or practicing or other forms of participating in the above sports/activity include, but are not limited to, serious head, neck, back and spinal injuries which may result in complete or partial paralysis; brain damage; serious injury to virtually all internal organs; serious injury or strain to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system; serious injury or impairment to other aspects of my body, general health and well-being; and death. It is understood that the dangers and risk of playing or practicing in the above sport/activity may result not only in serious injury, but in a serious impairment of my future abilities to earn a living; to engage in other business, social and recreational activities; and generally to enjoy life.

The risks that I assume include all forms of loss or damage to person or property.

While particular rules, equipment, use of spotters and personal discipline may reduce this risk, the risk of serious injury does exist.

**AUTHORIZATION STATEMENT:**

I have read this Parental Authorization and Waiver of Claims form and the Informed Consent form, understand both and have discussed their contents with my child. Based on the foregoing, I fully and voluntarily agree to the terms and conditions set forth in this form and the Informed Consent form as a condition of my child's use of the District's Fitness room and his/her participation in its activities.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**STUDENT/ATHLETE**

By signing this document, you have agreed to participate in this sport season and that you understand the Grades 5-12 Extra-Curricular Activities Eligibility Policy and the Academic Eligibility Policy and the consequences if violated.

Date \_\_\_\_\_

\_\_\_\_\_  
Student/Athlete Signature

**PLEASE COMPLETE REVERSE SIDE OF THIS FORM**

**EMERGENCY CONTACT:**

Parent/Guardian:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Name of Family Physician

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

