

ATHLETIC PARTICIPATION CONSENT FORM

Grade \_\_\_\_\_

**ATHLETES AND PARENTS PLEASE READ CAREFULLY:**

*Participation in sports contains an element of risk, but the possibility of injury can be substantially reduced through the cooperation of the athlete with the coaches. The coaching staff is well qualified and professional. Fundamentals related to the particular sport are continually and repeatedly emphasized on and off the field or court. The athlete is expected to observe the rules of safety in order to minimize the chances for harm to him/herself and to their teammates.*

**TO BE COMPLETED BY THE ATHLETE:**

I \_\_\_\_\_ apply for permission to try-out for the \_\_\_\_\_ team.  
(Student's name) (Sport)

If I make the squad, I agree to abide by all the rules as established by the coaching staff.

\_\_\_\_\_  
( Signature of athlete) (Date)

**TO BE COMPLETED BY THE PARENT OR GUARDIAN:**

I hereby give permission for \_\_\_\_\_ to participate in \_\_\_\_\_ and,  
(Name of son or daughter) (Sport)

as a participant, to travel under the coach's direction and authority, from the time of departure until the time of return.

Below are listed and described any surgical procedures, significant illnesses whether past or ongoing, fractures or sprains incurred within the last two years.

\_\_\_\_\_  
\_\_\_\_\_

Parent's place of work: Mother \_\_\_\_\_ Telephone # \_\_\_\_\_

Father \_\_\_\_\_ Telephone # \_\_\_\_\_

Home address: \_\_\_\_\_  
Street Address City, state, zip Telephone #

Family Doctor: \_\_\_\_\_  
\_\_\_\_\_  
Street Address City, state, zip Telephone #

I have read this form and I understand its contents.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_