

**PARENT PERMISSION FOR SPORTS PARTICIPATION**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in \_\_\_\_\_ during the school year \_\_\_\_\_. He/she will be expected <sup>(sport)</sup> to attend all scheduled practices and games. If needed, I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.

**In case of an emergency and I cannot be reached, call:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

or

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

**If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.**

My child has received a medical release to participate in \_\_\_\_\_ and <sup>(sport)</sup> he/she has been in good health since, having no accidents or major illnesses.

Please indicate any allergies or health conditions that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_