

SCHOOLNAME HIGH SCHOOL ATHLETIC PERMISSION FORM

Student Name: _____ Year of Graduation: 20-_____

Address: _____ City: _____ Zip Code: _____

Birth Date: _____ Telephone #: () _____ Home Room : _____
Mm/dd/yyyy

Health Insurance Carrier: _____ Policy Number: _____

Permission to Participate

I hereby give my permission for the above-named student to practice, compete, and represent the school in WIAA regulated interscholastic sports except any restrictions as noted on the current, effective physical examination card as completed by a licensed physician or advanced practice nurse prescriber.

Responsibility to Return All School-Issued Uniforms/Equipment

I agree to be financially responsible for the safe return of all athletic uniforms and equipment issued to him/her. I understand that my son/daughter is responsible for any uniform or equipment that is assigned specifically to him/her, and agree to reimburse the school the actual replacement value of the uniforms/equipment in the event that they are lost or stolen. I understand that failure to reimburse the school in a timely fashion could affect my son/daughter's athletic eligibility.

Permission for Emergency Medical Care and Conveyance

I further grant permission for my son/daughter, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the athletic trainer, the team physician or any other physician present, and to be conveyed to an emergency medical facility, if needed. I understand that all medical costs that could occur of such conveyance and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that Schoolname High School will assume no liability for the cost of said conveyance or treatment.

Informed Consent

I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

Insurance Waiver

I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic-related accident or injury, and that I also have the option of enrolling in a school-sponsored student accident insurance plan. I also understand that I have the right to waive enrollment in the school-sponsored plan if I believe that the above-named student is adequately covered by my current insurance carrier.

Parent-Athlete Handbook

I have read, understand, and agree to abide by the rules set forth in the Schoolname Parent-Athlete Handbook.

Signature

By signing this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and in the Parent-Athlete Handbook, that if I have not understood any information, I have sought and received an explanation, and am fully aware that I am granting permission for the above-named student to participate in the Schoolname Athletic Program.
