



ATHLETIC INFORMED CONSENT FORM

I/We hereby give permission for my/our son/daughter _____ to participate in _____ during the _____ athletic season. Further, I/we authorize the school and its agents to provide emergency treatment of an injury to or illness of my/our child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted regardless in a life-threatening situation. Otherwise, authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Name of Participant _____ Male/Female _____ Date of Birth ___/___/_____

Address: _____ City: _____ Zip: _____

Home Phone No.: _____ Mother cell: _____ Father cell: _____

Participant Physician: _____ Phone No.: _____

Other person to contact in case of emergency: _____

Address: _____ City: _____ Zip: _____

Home Phone No.: _____ Work No.: _____ Cell: _____

Relationship to participant: _____

Insurance: _____ Employer: _____ Group # _____ Policy # _____

Primary Carrier: _____ Primary SS# _____ - _____

Primary Date of Birth: ___/___/_____ Participant's SS# _____ - _____

Pre-Existing Medical Conditions (e.g., allergies, chronic illnesses etc.) _____

Other (medicines taken regularly and frequency/dosage? etc.) _____

_____ Date of last Tetanus shot _____

My/Our child and I/we are aware that participating in above named sport is a potentially hazardous activity. I/We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, travel to and from games, tournaments, practices and other sports-related events, and other reasonable risk conditions associated with this sport. All risks to my/our child are known and understood by me/us. Furthermore, I/we state that my/our child is in good health to participate and understand that yearly sports exams are required and up to date.

In addition, I understand that these activities will involve close contact with other human beings and that participants may choose to or not to wear masks while practicing or competing and I grant my child permission to participate in these activities.

I/We understand the Informed Consent Form and agree to its conditions on behalf of my/our child.

Parent/Legal Guardian Signature _____ Date _____

