



## Student Athlete Permission Form

*Please print all information*

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Number of years in middle school: \_\_\_\_\_ high school: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Last School attended: \_\_\_\_\_ Years: \_\_\_\_\_

County born in: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Number of semesters in school: \_\_\_\_\_ Number of years on varsity: \_\_\_\_\_

### Permission/Release

*Please initial if you agree*

I understand the personal safety of the student is of first importance to the School. In the event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for the staff of that facility to render treatment. \_\_\_\_\_

I consent for my child to participate in athletics during this sport season and understand that the school will pay no medical or drug expenses incurred in this activity or sport. \_\_\_\_\_

I agree to be responsible for the uniforms and equipment issued by the school. If they are damaged or lost, I agree to replace the item at the current cost. \_\_\_\_\_

Hospital preference: \_\_\_\_\_ Doctor: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_