



Student Athlete Permission Form

Please print all information

Name: _____

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: _____

Please Check All Sports That Apply.

- Archery Basketball Cheer Cross Country Dance Field Hockey Golf
 Lacrosse Soccer Softball Step Swim Tennis Track Volleyball

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: _____