

ATHLETE INFORMATION

NAME _____
(Last) (First) (Middle)

Date of Birth (MM/DD/YYYY) _____

Address _____
(Street) (Apt No.) (City) (State) (Zip)

Grade level for the current and next school year _____

Known Medical Conditions _____

Known Allergies _____

Medications _____

Name of Parent/Guardian _____

Telephone: Home _____ Work _____ Cell/Other _____

Please give an emergency contact (must be 21 or older) and method to contact if the parent/guardian cannot be reached:

Name _____ Relationship _____

Phone Number _____ Alternate Number _____

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PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised inter-scholastic athletes and activities may be one of the least hazardous in which students will engage in or out of school. **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS INCLUDES A RISK TO INJURY WHICH RANGE IN SERVERITY FROM LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised athletic program, it is possible only to minimize, not eliminate this risk.

Participants can and have a responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS/GUARDIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (We) hereby give consent for _____ to:

1. Compete in athletics in the Pulaski County School System in the following sports (please list all that apply):

2. I hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
3. Parents/Guardians should contact the Head Coach for information regarding injuries to their son/daughter.

This acknowledgement of risk and consent to allow participation shall remain in effect for the 2020-2021 school year until revoked in writing.

Signature of Parent(s) or Guardian(s)

Date

Signature of Student-Athlete

Date