

**Perry Hall Christian School
Athletic Permission Form**

Student-Athlete's Name: _____

Student-Athlete's Address: _____

Home Phone (H): _____ (Cell): _____

If parent/guardian is not available, please notify: _____

To the parent/guardian:

In order that your son, daughter, or ward may participate in various school athletic activities other than those carried on as part of the regular physical education class program, it will be necessary for you to give your written consent.

It is understood that time after school will be required for practice and competition. The school will provide proper and reasonable supervision at practice and games and travel to and from such practice and games. By its nature participation in interscholastic athletics includes risk of injury which ranges in severity from minor to disabling and even death. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate all risk. Participants can and have the 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 own equipment daily.

I further agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student-athlete in the proper course of such activities or travel.

It is also understood that there is a \$150 fee for athletics.

Permission is given for son, daughter, or ward to participate in (please circle all that apply).

Soccer

Volleyball

Basketball

Baseball

Emergency Medical Treatment and Information:

Preferred Physician _____ Phone # _____

Preferred Hospital _____ Allergies _____

Medical Insurance _____ Policy # _____

The coach may apply first aid treatment until the family doctor can be contacted ____ Yes ____ NO.

We give our consent for coaches to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached ____ Yes ____ No.

Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the student-athlete. I accept responsibility to notify the school of future changes to this information.

I have read the above statements and hereby give my written consent.

Parent/Guardian Signature _____

Date _____