

**THORNTON ACADEMY SCHOOL SPORTS RISK/WARNING FORM  
SPORT/ATHLETIC ACTIVITY**

CHECK ALL THAT YOU PLAN TO PARTICPATE IN:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> GOLF	<input type="checkbox"/> SOFTBALL
<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> INDOOR TRACK	<input type="checkbox"/> SWIMMING
<input type="checkbox"/> CHEERLEADING	<input type="checkbox"/> ICE HOCKEY	<input type="checkbox"/> TENNIS
<input type="checkbox"/> CROSS COUNTRY	<input type="checkbox"/> LACROSSE	<input type="checkbox"/> VOLLEYBALL
<input type="checkbox"/> FIELD HOCKEY	<input type="checkbox"/> OUTDOOR TRACK	<input type="checkbox"/> OTHER
<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> SOCCER	

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS, REPORT INJURIES,  
AUTHORIZE MEDICAL ATTENTION, AND PARENTAL PERMISSION:**

I AM AWARE THAT PLAYING OR PRACTICING TO PLAY/PARTICIPATE IN ANY ATHLETIC ACTIVITY CAN BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY. I UNDERSTAND THAT THE DANGERS AND RISKS OF PLAYING OR PRACTICING IN THE ABOVE ATHLETIC ACTIVITY INCLUDE RISK OF SERIOUS INJURY. BECAUSE OF THOSE DANGER AND RISKS, I RECOGNIZE THE IMPORTANCE OF THE FOLLOWING: COACHES' INSTRUCTIONS REGARDING PLAYING AND TRAINING TECHNIQUES, TEAM RULES, ETC., AND AGREE TO OBEY SUCH INSTRUCTIONS.

I AGREE TO REPORT ALL INJURIES I SUSTAIN, TO MY COACH, ATHLETIC TRAINER, OR ATHLETIC DIRECTOR WITHIN **24** HOURS OF THE OCCURRENCE.

DATED: \_\_\_\_\_  
SIGNATURE OF STUDENT

I, THE PARENT/GUARDIAN OF \_\_\_\_\_,  
UNDERSTAND

NAME OF STUDENT

THE DANGERS AND RISKS INVOLVED IN THE ATHLETIC ACTIVITY AS INDICATED ABOVE. RECOGNIZING THOSE DANGERS AND RISKS, I GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN ALL ACTIVITIES OF THE ATHLETIC ACTIVITY DESIGNATED ABOVE, INCLUDING, BUT NOT LIMITED TO, TRYING OUT FOR, PRACTICING, AND PLAYING/PARTICIPATING IN THAT ATHLETIC ACTIVITY. I ALSO AUTHORIZE THORNTON ACADEMY TO UTILIZE THE SERVICES OF CERTIFIED HEALTH PROFESSIONALS TO TREAT MY SON/DAUGHTER IN THE EVENT OF AN INJURY OR ILLNESS THAT OCCURS DURING HIS/HER PARTICIPATION IN ATHLETICS.

DATED: \_\_\_\_\_  
SIGNATURE OF PARENT/ GUARDIAN