

FORM MUST BE RETURNED FILLED OUT IN ORDER TO PARTICIPATE

Acknowledgement of Risk, Participation, Transportation, and Emergency Treatment Permission Form (Central Middle School)

There is a risk of injury that comes with participation in athletics. The degree and seriousness of the risk and the type of possible injury varies with the sport or activity. Injuries could possibly range from concussions, broken bones, sprains, strains, to even more serious conditions, such as death. These injuries might occur despite the best possible rules, measures of protection, and coaching. Having read this form and explained this to my child, I, _____ (name of parent or guardian), hereby give my consent for my child, _____ to participate in athletics at Central Middle School. **I also understand and will help support the rules of the team, and will help out at a minimum of one athletic event.** My child also has my permission to travel on the team bus, with another parent, or coach to athletic events. In case of an emergency, when the parents or guardians cannot be reached, I grant permission to the coach and/or school representative to provide medical and/or obtain medical attention for my child. I request that my child be taken to _____ (hospital preference or the nearest available hospital, if it is an extreme emergency). I further authorize the medical personnel of the hospital to care for and/or treat my child.

Signature of Parent or Guardian: _____

Signature of Athlete: _____ **Date:** _____

Home Address: _____

Emergency Contact Numbers:

Cell Phone Number: (Mom) _____ (Dad) _____

Work/Home Phone Number: (Mom) _____ (Dad) _____

Work/Home Phone Number: (other) _____ (other) _____

Email address: _____

Family Physician: _____

Family Dentist: _____

Insurance Company Name: _____

Insurance Policy Number: _____