

**Hellgate Elementary SD Activities Permission Form and Medical Emergency Information**

I give permission for \_\_\_\_\_ (student name) to participate in the Hellgate 6th-8th Grade activity marked below. I understand that I must provide transportation after practices and any competitive activities. My student and I have received a copy of, and agree to, the rules and procedures outlined in the Hellgate Middle School Athletic Training Rules document. I agree to pay a one time activity fee of \$40.00 per year for each child participating in school related sports and activities. Activity fees can be paid in cash or checks at your student's building office. Payments can also be made via the online portal.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian, please initial **ONE activity per permission form** that your child has permission to participate in for the 2024-2025 school year.

<b><u>Activity</u></b>	<b><u>Approximate Dates of Activity</u></b>	<b><u>Parent/Guardian Initials</u></b>
7th-8th Grade Co-Ed Flag Football	09/03/24-10/09/24	_____
7th-8th Grade Girls Volleyball	09/03/24-10/09/24	_____
6th-8th Grade Co-Ed Soccer	09/03/24-10/09/24	_____
6th-8th Grade Co-Ed Cross Country	09/03/24-10/09/24	_____
4th-8th Grade Robotics Club (Approx,)	09/25/24-03/26/25	_____
7th-8th Grade Boys Basketball	10/14/24-12/13/24	_____
Drama Club (Approx)	12/09/24-01/29/25	_____
7th-8th Grade Girls Basketball	01/13/25-03/07/25	_____
6th-8th Co-Ed Wrestling	02/17/25-04/04/25	_____
6th-8th Grade Co-Ed Track	03/31/25-05/13/25	_____

**Medical Emergency Information**

Student Participant full name: \_\_\_\_\_

Emergency Contact #1 Name and Number:

\_\_\_\_\_ phone: \_\_\_\_\_

Emergency Contact #2 Name and Number:

\_\_\_\_\_ phone: \_\_\_\_\_

Family Physician Name and Number:

\_\_\_\_\_ phone: \_\_\_\_\_

Insurance Company Name and Policy Number:

\_\_\_\_\_ Policy: \_\_\_\_\_

Parent/Guardian please CIRCLE ONE AND INITIAL

**I DO** authorize medical treatment to be administered to the above named participant. \_\_\_\_\_  
*initial*

**I DO NOT** authorize medical treatment to be administered to the above named participant. \_\_\_\_\_  
*initial*

Parent/Guardian Signature: \_\_\_\_\_