

Gilbert Public Schools Out of Season Participation Form

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|-----------|-------|--------|-------|-----------|-----|
| Last Name | First | Middle | Grade | Birthdate | ID# |
|-----------|-------|--------|-------|-----------|-----|

Parent / Legal Guardian Information

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|------|----------------------------------|
| Name | Circle: Parent or Legal Guardian |
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|--------------|------------|
| Home Address | Home Phone |
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| | Cell Phone |
|--|------------|

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| | Work Phone |
|--|------------|

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|----------------------------|-------|
| Nearest Friend or Relative | Phone |
|----------------------------|-------|

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|---------------|-------|
| Family Doctor | Phone |
|---------------|-------|

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| Hospital | Phone |
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| Health Insurance | Policy # |
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♦ We will notify the school when insurance changes.

Consent for Athletic Emergency Care

BE IT KNOWN that in the event I cannot be reached, I, the undersigned parent or guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by the above indicated school.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that any expenses incurred will be paid for by insurance of the parent of the student. Payment of the expense is not a school responsibility.

Yes, I give my consent.

No, I do not give my consent.

Parent or Guardian Permit

Note: This permit is required by Gilbert Public Schools to be filed with the principal before a student may take part in any school activities.
Activity

(Please complete one form for each activity in which the student is involved.)

I give my permission for he/she to travel with the coach or other representative of the school on any authorized trips. I agree to assume responsibility for the return of all athletic equipment issued by the school to the above named student at the end of the sport season. I consent to the release of student directory information as it applies to school related activities such as athletics.

I/We give our permission for _____ to participate in organized interscholastic activities, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observances of rules, injuries, are still a possibility. On rare occasions, these injuries can be so severe as to result in disability, paralysis, quadriplegia or even death.

I/We acknowledge that I/we have read and understand this warning. I/We acknowledge that I/we have read and understand the above consent for emergency care.

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| Signature of Parent / Guardian | Date |
|--------------------------------|------|

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|------------------------------|------|
| Signature of Student Athlete | Date |
|------------------------------|------|