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Ahfachkee Warriors Athletics Permission to Participate Form

Dear Parent/Guardian,

Your child has expressed interest in participating in Ahfachkee School Athletics. Participation in athletic programs requires both parent consent and acknowledgment of the inherent risks associated with physical activity and competition. Please complete and sign the following form to authorize participation.

Student Information

Student Name: _____ Grade: _____

Sport(s) Interested In: _____

Emergency Contact Information

Primary Contact: _____ Phone: _____

Secondary Contact: _____ Phone: _____

Medical Authorization

I authorize the coaching staff and/or Ahfachkee School personnel to secure emergency medical treatment for my child in the event of an injury or illness during athletic participation when I cannot be reached.

Assumption of Risk

I understand that participation in athletics carries the risk of injury, including serious injury or death. I voluntarily accept these risks and release Ahfachkee School, its staff, and representatives from liability related to participation.

Transportation & Media Release

I grant permission for my child to be transported to and from athletic events by authorized school personnel. I also consent to the use of my child's name, image, or likeness in team or school publications and media.

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Parent/Guardian Consent:

I, the undersigned, have read and understand the conditions stated above and grant permission for my child to participate in Ahfachkee Athletics.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____