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 $75.00 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 **ALL activities** that your child has permission to participate in for the 2026-2027 school year.

Activity	Approximate Dates of Activity	Parent/Guardian Initials
7th-8th Grade Co-Ed Flag Football	08/31/26-10/08/26	_____
7th-8th Grade Girls Volleyball	08/31/26-10/08/26	_____
6th-8th Grade Co-Ed Soccer	08/31/26-10/08/26	_____
6th-8th Grade Co-Ed Cross Country	08/31/26-10/08/26	_____
4th-8th Grade Robotics Club (Approx,)	09/23/26-03/24/27	_____
7th-8th Grade Boys Basketball	10/12/26-12/04/26	_____
Drama Club (Approx)	12/07/26-01/29/27	_____
7th-8th Grade Girls Basketball	01/04/26-03/03/26	_____
6th-8th Co-Ed Wrestling	02/22/26-TBD	_____
6th-8th Grade Co-Ed Track	04/12/26-05/18/26	_____

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: _____