## ATHLETIC PARTICIPATION AND POLICIES PARENT/GUARDIAN CONSENT FORM

Student-Athlete Name	Grade	_Sport
Before your son or daughter may participate in interschand commitment page must be completed by all son's/daughter's coach, indicating that it has been Emergency Transport & Treatment Card ("blue card"). the Athletic Office.	parties, signed, an read and understo	d returned to your bod, along with the
How may you be reached in the event of an emerge a. Home phone:or _ (oth	ency:	
(oth	ier number where you	ı may be reached)
<ul><li>b. Mother's/guardian's employment phone:</li><li>c. Father's/guardian's employment phone:</li></ul>		
<ul><li>d. Name, address, and telephone number of period if we are unable to contact a parent:</li><li>Name Ph</li></ul>	·	•
Address		
2. Hospital preference to be used in an emergency:		
3. Physician to contact in an emergency:		
4. May we contact nearest or "on call" physician in hos		
Please inform your son's or daughter's coach shou during a sport season.	•	
If you plan to be away after school or in the evening, I you may be reached and <b>how</b> you may be reached.	pe sure to tell you so	n or daughter <b>where</b>
AGREEMENT and CONSENT:		
We, the undersigned, have read and understand Extracurricular Code of Conduct, the enclosed a consent to them; and we do affirm that we agreement to these rules is essential to the program and will cooperate with the school author to have my son/daughter ride the school bus to and	athletic rules and re see to abide by the the order and deco rities in their enforc	egulations, and do m, recognizing the rum of the athletic ement. I also agree
Parent / Guardian Signature	Date	
Printed Name	Printed Date	
If your son or daughter has a medical problem or is vision or hearing impairment), please list below.	s on medication (i.e.	asthma, inhaler,