



**Athletics Parental Consent Form  
2016-2017**

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Middle/High School

\_\_\_\_\_  
Official Grade (in Fall of 2016)

\_\_\_\_\_  
SPORT

\_\_\_\_\_  
ACTIVITY

I, the parent/guardian of the student named above, hereby give permission for my child to participate in the team or camp indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child will be obligated to attend regularly scheduled practices and competitions throughout Wisconsin as applicable for the activity entering.

I understand that my child is responsible for her/his behavior at all time, and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team.

I understand that it is necessary for my child to have an approved medical certificate for school competition on file in the school before trying out, practicing or competing in interscholastic athletic activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

I agree that in the event of injury or illness, the staff member in charge of the team may act in my behalf and at my expense in obtaining medical treatment for my child.

I realize that the primary insurance coverage, if any injury should occur, would be my responsibility.

I agree to be responsible for the return of all equipment issued by the school to him/her.

I understand and give permission for my child to travel to and from all scheduled practices and competitions at my own risk. Further, neither the school, drivers, nor faculty will be liable to any suit whatsoever resulting from any or in any of the practices, games, or travel.

In an emergency, please contact me at: (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**PRINT** Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

I have found the medical certificate submitted by student and parent to be acceptable.

\_\_\_\_\_  
Teacher/Coach signature

\_\_\_\_\_  
Date