

# Athletic Permission Form 2022-2023

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Month/Year Student Entered 7<sup>th</sup> Grade \_\_\_\_\_

Month/Year Student Entered 9<sup>th</sup> Grade \_\_\_\_\_

### Parent/Guardian Permission to Participate

I hereby give my permission for the above named student to engage in athletic activities at Central Holmes Christian School. I also give consent for the above named student to accompany the team on any trips or competitions.

### Parent/Guardian Medical Consent

I understand and acknowledge that organized high school athletics, intramurals and physical education classes involve the potential for injury which is inherent in all sports or similar activities. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules and regulations, injuries are still a common possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, certified athletic trainer, and/or hospital or urgent care center during all periods of time in which the student is away from his/her legal residence as a member of a team or group activity. Further, I hereby waive, on behalf of myself and the above named student, any liability of Central Holmes Christian School arising out of such medical treatment.

We acknowledge that we have read and understand all aspects of this form and grant permission and consent to participate, provided the student meets and complies with all guidelines set forth in the Student Handbook.

Parent's Signature \_\_\_\_\_