

STUDENT PARTICIPATION AND PARENT/GUARDIAN CONSENT FORM

NAME OF SCHOOL _____ DATE _____

NAME OF STUDENT _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

This application to compete in interscholastic athletics for the above high school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association. I have read and discussed with my coach the appropriate sections of the S.S. SEWARD INSTITUTE ATHLETIC POLICY AND PRACTICE. I understand that any violation may result in probation, suspension, or expulsion from the team. I understand that injury or death could result from my participation in athletics.

PARENT OR GUARDIAN PERMISSION

I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her high school, and I also give my consent for the above student to accompany the team as a member on its out-of-town trips. I have received and read the appropriate excerpts of the S.S. SEWARD INSTITUTE ATHLETIC POLICY AND PRACTICE (attached sheets).

DATE

SIGNATURE

ADDRESS

ACCIDENT RELEASE FROM PARENT

I hereby give the Athletic Department of S.S. Seward Institute permission in my absence to obtain medical treatment for my son or daughter in case of injury. I understand that every effort will immediately be made to notify me of such injury. I hereby consent that my child may be released to staff members of S.S. Seward Institute.

DATE

SIGNATURE

If this student has any adverse medical conditions, allergic reaction or other important health problems, please fill in the appropriate space(s) below.

MEDICAL PROBLEM (i.e., diabetes, etc.) _____

SPECIAL CARE OR TREATMENT _____

SPECIAL MEDICATIONS (i.e., in case of insect bite, etc.) _____

IF "NONE" FOR ABOVE, PLEASE CHECK _____