



Athletic Participation Consent Form



I give permission for _____ to participate in organized athletics at Red Rock School realizing that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best of circumstances that injury can occur.

I acknowledge that I have read and understand the above warning.

I also certify that we do have medical and hospital insurance to cover the above named student.

Insurance Company _____

Policy # _____

Parent/Guardian Signature

Date

Student Signature

TRANSPORTATION REQUEST FOR STUDENT ATHLETE

____ Please check here if you will be providing transportation home from every game, or on occasion.

____ Please check here if you are authorizing another adult to transport your child, at anytime during the season.

I/We understand that we are waiving any claims that I/we may have against the Red Rock School District, and are relieving the District of any liability with regard to the safe transport of my/our son/daughter.

I/We understand that I/we may transport ONLY my/our son/daughter to and/or from a game unless we have authorized another adult (listed below) and that this approval must be turned in to the school office.

Any adult not authorized below will need a note to have a student released. Any adult other than a parent will be required to provide proof of identification.

Parent/Guardian Signature

Date

Authorized Adult/Phone #

Authorized Adult/Phone #

Authorized Adult/Phone #

CONSENT FOR EMERGENCY CARE

STUDENT NAME: _____: I, the undersigned parent/guardian of the above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student, as in the judgment or said doctor or hospital may be required, on any emergency basis, in the event said student should be injured or stricken ill while participating in an athletic activity, sponsored or sectioned by the Red Rock Athletic Department of Red Rock School.

It is hereby understood that the consent and authorization hereby given and granted, is continuing, and is intended to extend throughout the current school year.

Home Phone # _____ Mother Work # _____ Father Work # _____ Cell # _____

In an emergency, if parent cannot be contacted, please notify:

Name _____ Relationship _____ Phone # _____

Family Doctor _____ Phone # _____ Known Allergies _____

My child has a history of Asthma: ____ Yes ____ No

If answer is YES, is student currently on medication? _____

THE COACH MAY APPLY FIRST AID TREATMENT ____ Yes ____ No

Parent/Guardian Signature

Date