

**School of the Incarnation
Athletic Participation Consent Form**

PLEASE RETURN FORMS TO THE ATHLETIC DIRECTOR

Student's First Name: _____ Student's Last Name: _____

Gender: M/F Grade: 6 7 8 Date of Birth: ____/____/____

Parent/Guardian's Name: _____ Phone: _____

Parent/Guardian's Email: _____

The student named above has my permission to participate in interscholastic athletics: By my signature I have read and agree to all of the following statements and my signature authorizes volunteers and employees of the School of the Incarnation to act in the below-mentioned ways:

1. My permission extends to all interscholastic athletic practices and games, whether conducted on or off school premises. The school will provide proper and reasonable supervision at practice and games (both home and away). Beyond this point of supervision, the school does not assume any responsibility for any injuries.

2. In exchange for the opportunity for my child to participate in interscholastic athletics, I freely and fully waive any claim by me, my spouse, or my son or daughter against School of the Incarnation and its employees or volunteers arising from sports-related injury during his/her participation. I have also discussed with him/her and we understand that physical injury, including paralysis, coma or death can occur as a result of participation in interscholastic athletics.

3. I have reviewed and discussed the School of the Incarnation Athletics Handbook with my son/daughter, and agree to the terms described therein. We understand that the program is staffed by parent and faculty volunteers and advised by the School Administration and the Athletic Directors. Any questions or concerns about the program will be communicated to Mr. Paul Sloyer or Mr. Keith Smith, Athletic Directors and/or Mrs. Lisa Shipley, Principal.

4. I hereby consent to allow health care providers(s) selected by me to perform a pre-participation physical examination, at my expense, on my child in order to clear him/her for participation. I understand that my child will not be permitted to participate until cleared by a healthcare professional. This includes team tryouts.

5. In the event that my child sustains an injury and I cannot be reached I give permission for my child to be transported to the nearest emergency room based on local EMS protocols to receive necessary medical treatment. I understand that the School of the Incarnation assumes no financial responsibility for medical treatment that my child receives.

Parent/Guardian's Signature: _____

Date: _____

I have read and agree to abide by all policies in the School of the Incarnation Athletics Handbook.

Student Signature: _____

Date: _____