HENDERSON INTERNATIONAL SCHOOL
1165 Sandy Ridge Ave., Henderson NV 89052
(702) 818-2100

2019-2020 Wolverine Athletics Consent Form

This form must be signed by the parent/guardian and student. Please return to the school before the student participates in athletics. Physicals must be done after **June 1, 2019**.

Student_____/_____/____ _____ _____ ____/____/____
Last First MI Sex Grade Date of Birth

Anticipated sport(s) at Henderson International:_____

Parent 1 Name: _____Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent 2 Name: _____Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please name two people who will assume responsibility for the student if we are unable to contact you:

Name: _____ Relationship: _____Phone: _____

Name: _____ Relationship: _____Phone: _____

Insurance Co. _____ Policy No._____

Policy Holder _____ Group No. _____

PARENTAL PERMISSION/CONSENT FOR EMERGENCY CARE

I/We give our permission for _____to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. I/We acknowledge that I/We have read and understand this warning.

If the student/athlete named above becomes ill or is injured while participating in an interscholastic activity sponsored or sanctioned by *Valley Athletic Conference or NIAA*, and *Henderson International School* is unable to contact the parents or emergency contacts, we grant *Henderson International School* permission and authority to obtain necessary medical care and/or treatment for the student's illness or injury. Treatment may include, but is not limited to, first aid, CPR, transportation by an ambulance, hospital care, and medical or surgical treatment recommended by a physician. I/We accept the financial responsibility for such care or treatment. It is understood that this consent and authorization hereby given and granted are continuing and are intended throughout the 2019-2020 school year.

Parent / guardian signature: _____ Date: _____

Student signature: _____ Date: _____