

PARENT-STUDENT CONSENT FORM

I hereby certify that I have read the Jac-Cen-Del School Corporation athletic rules and understand eligibility and conduct guidelines. I understand that in order to be eligible for participation I must comply with all requirements as listed.

1. In accordance with the IHSAA rules, I/we hereby give consent for _____ to participate in the _____ (please list sports in which student participates).
2. I/We understand that participation will require travel which will be provided by the Jac-Cen-Del School Corporation. Students are expected to ride school transportation to and from all away games.
3. I/We acknowledge that the participant is assuming a certain risk of being injured; even with the best coaching, use of advanced protective equipment and strict observance of the rules; injuries are still a possibility in organized athletics. I/we understand that if any injury occurs that we are responsible for any medical cost involved.
4. I/We agree to encourage and assist my/our son/daughter to abide by those training and conduct rules established by the Jac-Cen-Del School Corporation and by the coach.
5. Please check the appropriate space below for insurance:
6. _____ I/we understand that if any injury occurs that we are responsible for any medical cost involved.

_____ He/She has adequate family coverage.

Insurance Company _____ Policy or ID# _____

7. Signature below indicates your permission for you son/daughter to participate in sports at Jac-Cen-Del and also as awareness of the rules as established by the Jac-Cen-Del School Corporation and the individual coaches.

Parent/Guardian (Date)

Address

Student (Date)

Home Phone/Work Phone/Cell #

* * * * *

IN CASE OF EMERGENCY

Please list names and phone numbers of two people (relative or friend) who could be contacted if you cannot be reached.

(relative or friend)

Home Phone &/or Cell #

(relative or friend)

Home Phone &/or Cell #

Please list any important medical information needed: (allergies, asthma, past injuries, etc.)

In case of emergency, I give permission for my child to receive medical treatment.

Parent/Guardian

Date