

CONSENT FOR ATHLETIC PARTICIPATION IN PELHAM CITY SCHOOLS

Printed Name Student Athlete: _____ **DOB:** _____
(Last, First M.I.)
School _____ **Grade:** _____ **Sex:** _____

I. Consent to Participate

The undersigned parent(s)/guardian (“I/we”) of the above student athlete (the “athlete”) give permission for him or her to participate in all seasonal or off season training, practices, games, camps and other activities for all sports and athletic events that are sanctioned by the Pelham City Schools (hereinafter “athletic activities”). I/we acknowledge that the potential for injury, the transmission of disease or other risk of harm is inherent in athletic activities, and that, on rare occasions, these injuries can be so severe as to result in permanent disability, paralysis, or death.

I/we also understand that athletic activities are extra-curricular, and that the athlete’s participation in these activities requires him or her to comply with all applicable rules, regulations and guidelines for eligibility set by the Pelham City Schools.

II. Consent for Emergency Care

I/we give permission for the athletic staff of the Pelham City Schools (which may include coaches, trainers or its officials) to apply first aid and other treatment for any injury sustained by the athlete in connection with athletic activities or medical condition that arises while he or she is under the supervision of that staff. If such injury occurs or condition occurs and the undersigned parent/guardian cannot be reached, I/we also give consent for the athletic staff to use its judgment to secure medical aid, ambulance service, and if necessary, admit the student to a hospital, as a result of those injuries or conditions. I further authorize any hospital that treats the athlete to release him or her to the custody to a member of the athletic staff (or Pelham City School official) following treatment.

If an emergency occurs while the student is participating in athletic activities and the undersigned parent/guardian cannot be reached, please contact the following person(s):

Name: _____ **Relationship:** _____ **Phone #:** _____
Name: _____ **Relationship:** _____ **Phone #:** _____

III. Expense of Treatment/Health Insurance*

I/we understand and agree that the parent/guardian of the athlete (or any insurer of the athlete), not the Pelham City Schools, is responsible for paying all medical expenses incurred in connection with treatment for injury arising from athletic activities. The athlete is covered by health insurance or receives medical benefits from the following entity:

Name of Insurance Co/Plan: _____
Name of Insured on Policy/Plan: _____
Group #: _____ **Policy #:** _____
Phone # for Insurer/Plan: _____

***NOTE: PLEASE ATTACH A COPY OF THE HEALTH INSURANCE CARD APPLICABLE TO ATHLETE.**

(Please Complete Reverse Side)

IV. Medical Information for Student Athlete

Family Physician: _____ **Phone #:** _____ **Hospital Preference:** _____

Known Allergies (food, drug, insects, etc.): _____

Current Medications (inhaler, insulin, etc.): _____

Medical History (asthma, head injuries, surgeries, vision problems, blood pressure, etc):

V. Transportation to Off-Campus Athletic Activities

I/we understand that the Pelham City Schools does not furnish transportation for all off-campus athletic activities. The coach for the sport(s) in which the athlete participates or other school official will communicate whether off-campus transportation will be provided for various activities. If the school system does not provide such transportation, the undersigned parent(s)/guardian will be responsible for transporting or arranging for the transportation of the named athlete to off-campus athletic activities. However, athletes may not transport other athletes or students to or from off-campus athletic activities.

VI. Agreement & Signature(s) of Parent/Guardian

By executing below, I/we acknowledge that I/we have read, understand, and agree to the matters herein. This Consent and the authorizations and understandings herein apply to and are valid for all athletic activities occurring within 365 days from the date of the recent signature that I/we enter below.

Signature Parent/ Guardian: _____ **Date:** _____

Printed Name Parent/Guar: _____

Relationship to Athlete: _____

Cell # : _____ **Work # :** _____ **Email:** _____

Signature Parent/ Guardian: _____ **Date:** _____

Printed Name Parent/Guar: _____

Relationship to Athlete: _____

Cell # : _____ **Work # :** _____ **Email:** _____

VII. Acknowledgment by Student Athlete

The undersigned athlete acknowledges that he/she has read, understands and agrees to the matters stated herein.

Signature Student Athlete: _____ **Date:** _____