

RANDOLPH SCHOOL ATHLETIC PERMISSION FORM

Please complete this form and return it with a completed AHSAA physical screening form(s) to the athletic office.

If your student-athlete is a seventh grader, is new to the school, or is participating in athletics at Randolph School for the first time, please submit a certified copy of his/her birth certificate as well.

I hereby give consent for my child, _____, to participate in any and all required activities pertaining to the Randolph Athletic Program.

Student Name _____

I assume any expenses for liability for injury received by my child while participating in the sports authorized above and accept full responsibility for medical and hospital expenses and any other related expenses and do hereby hold harmless the Randolph School, its agents or assigns, of responsibility for any such injury and waive any and all claims which may arise against them. I realize that participation in organized school athletics involves the risk and potential for injury that is inherent in all sports and that, on rare occasions, these injuries may be so severe as to result in total disability, paralysis or even death.

I further understand that each student who participates in the Randolph School athletic program must be medically screened by a licensed physician. I acknowledge that Randolph may provide opportunities for medical screening and understand that this screening is limited in its scope and does not indicate or assure me that my child is completely free from impairments that may be affected by athletic participation.

The undersigned shall be responsible for furnishing the Athletic Department with any changes in the above information. My signature attests that I have read, understand, and concur with the information in this form and that I am the parent or legal guardian for the above named student.

Parent/Guardian Signature _____ Date signed _____

ATHLETIC TRANSPORTATION PERMISSION FORM

_____ has my permission to participate in the Randolph School athletic programs, and we agree to abide by the established transportation policies of Randolph School.

While participating in Randolph athletics, my student has permission to:

___drive himself/herself to games or practice

Parent Signature _____ Date _____

I understand the rules and regulations of Randolph School's transportation policy and agree to abide by them.

Student Signature _____ Date _____