

STUDENT AND PARENT CONSENT FORM

Please Print

Complete Legal Name _____
Last First Middle

Date of Birth _____ Place of Birth _____
Month Day Year City State

Grade _____ School _____

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or merchandise in any amount, or any emblematic award worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I promise not to compete in any outside athletic contest in this sport until after the school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association.

Date _____

Signature of Student

PARENT OR GUARDIAN CONSENT

I hereby give my consent for the above high school student to engage in interscholastic athletics in MHSAA approved sports and understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips. I understand that, on some occasions, coaches will assign athletes to ride with **SELECTED – APPROVED ADULT DRIVERS** to athletic events in privately owned cars. I further understand that my son/daughter will be expected to adhere firmly to all established athletic policies, of the school district and the Michigan High School Athletic Association.

Date _____

Signature of parent or guardian

This form must be on file in the High School office before practicing with any athletic team. The signing of this form is good for one school year covering all sports seasons.

Emergency Information (To be completed by parents)

Student's Name _____ Grade _____

In Emergency contact:

_____ Phone _____

or _____ Phone _____

My family doctor is _____

Please detail any special medical information (allergies, know drug reaction, current prescribed medication, etc.)
