

# Seabrook Middle School

## Permission to Participate

**Instructions:** Please fill out completely and return to the Athletic Director (Mr. Bertrand). Student-Athletes will not be allowed to participate in their respected sport until this form is turned in.

Student/Athletes Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

### STATEMENT OF RISKS:

In any sport, there will be inherent dangers and potential for injury during participation. Even when all reasonable precautions are taken, athletics carries a risk of serious injury or illness. The rules of play, safety guidelines, equipment standards, and trainings are designed to protect athletes from injury but cannot guarantee they will not be injured. I have the responsibility to wear the required equipment and clothing, obey the rules of my sport, utilize proper techniques, follow my coaches' and athletic trainers' instructions, and avoid activities for which I have not trained or for which I do not feel qualified to perform in. I must report all injuries and illnesses to the sports medicine staff and coaches, including any signs or symptoms of a concussion. These signs and symptoms may include, but are not limited to, headache, dizziness, nausea, visual changes, memory loss, or loss of consciousness.

### ACKNOWLEDGEMENT OF WARNING BY **STUDENT**:

I, \_\_\_\_\_, hereby acknowledge that I understand the above "STATEMENT OF RISKS." I realize that by participating in the sport(s) during the current school year, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures, neck/spinal injuries, ligament and/or cartilage damage, and serious injury to muscles, organs, or my head. I realize these injuries could result in temporary, permanent, or complete impairment in the use of my limbs. I recognize the importance of following my coaches' instructions regarding playing techniques, training guidelines, and team rules. Having been so cautioned and warned, it is still my desire to participate in the above sport. I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the listed sport.

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Student-Athletes Signature

Date

**ACKNOWLEDGEMENT OF WARNING BY PARENT(S)/GUARDIAN(S):**

We/I the parent(s)/guardian(s) of \_\_\_\_\_, do hereby acknowledge that we/I understand the above "STATEMENT OF RISKS." We/I realize that our/my child may suffer serious injury, including but not limited to, the risk of sprains, fractures, neck/spinal injuries, ligament and/or cartilage damage, and serious injury to muscles, organs, or their head. I realize these injuries could result in temporary, permanent, or complete impairment in the use of his or her limbs. I recognize the importance of my/our child following their coaches' instructions regarding playing techniques, training guidelines, and team rules. Having been cautioned and warned, with full knowledge and understanding of the risk of injury from participating in the above sport, it is my/our consent to allow my/our son or daughter to participate in.

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Parent(s)/Guardian(s) Signature

Date

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Parent(s)/Guardian(s) Signature

Date

**Additional Information Needed:**

1. Health Office Emergency Information Card Updated
2. MUST have a current physical on file in the school's health office
3. Any additional medical information you provided on the current Health Office Emergency Information Card will be noted with the phone numbers for parent/guardian contact.