

## PARENTAL CONSENT FOR ATHLETIC/EXTRACURRICULAR PARTICIPATION

## PARENTAL CONSENT FOR PARTICIPATION

WARNING: Although participation in supervised inter-scholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.

By signing this permission form, you acknowledge that you have read and understand this warning.

PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (We) hereby give consent for (Student Name)	_to:
1. Compete in athletics and/or extracurricular activities (weight room) at The Seed School of	Maryland
2. To accompany any school team of which the student is a member on any of its local or out trips	-of-town
3. I hereby verify that the information of the physical form is correct and understand that any information may result in my son/daughter being declared ineligible to participate.	r false
4. If any emergency medical procedures or treatments are required by the student, I consent supervisor(s) taking, arranging for, and consenting to the procedures for treatment in his/her	
We acknowledge that the student is subject to all the rules outlined in the Seed School of Mar Student Code of Conduct.	ryland
This acknowledgement of risk and consent to allow participation shall remain in effect until rewriting.	evoked in
Sport(s)	
*Signature(s) of Parent(s) or Guardian(s)	

\*Signature of Student Athlete\_\_\_\_

Date\_\_\_\_\_