

ATHLETIC HANDBOOK SIGNATURE SHEET

Print Name of Student

Name of Sport

Date

CONSENT TO PARTICIPATE AND ACKNOWLEDGEMENT OF RISK

I give my consent for my child to engage in approved sports activities and receive transportation to and from athletic events. I also understand that participation in athletic activities creates risks normally associated with such activity and vigorous or involved bodily contact. I give my permission to the appropriate certified school staff or medical personnel to render emergency treatment, if required, when associated with athletic injury or illness. I also give permission for the certified school staff or medical personnel to confer or consult with the physician regarding the athlete's return to participation after an injury or illness.

WEIGHT ROOM USAGE PERMISSION

I give permission to the above listed student-athlete to use the Putnam High School weight room when supervised by a member of the Putnam High School coaching staff. I understand that there is always the possibility that some type of injury may occur when involved in any type of physical activity.

ATHLETIC HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have read the Athletic Handbook for Athletes and Parents and understand the risks involved with athletic participation. I also acknowledge the rules and consequences as outlined in the Participant's Pledge and agree to abide by these rules and consequences.

X

Parent/Guardian Signature

Date

X

Student Signature

Date