

# SUMMER ATHLETIC PARTICIPATION PERMISSION FORM

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_



Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

School Attended Last Year \_\_\_\_\_ Current Grade \_\_\_\_\_

## PERMISSION TO PARTICIPATE

I understand my student will be participating in summer and/or late spring activities under the direction of school coaches and staff. Students choosing to participate are subject to school & district policies and regulations during these times. My signature on the last line of this document indicates my authorization for participation in such activities by my student.

## EMERGENCY INFORMATION

Name of Parent or Guardian \_\_\_\_\_

Parent or Guardian Phone Numbers \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Name \_\_\_\_\_

Group Number \_\_\_\_\_ ID Number \_\_\_\_\_

List any medical problems, injuries in the last year or current medication \_\_\_\_\_

\*\*Do you have a current physical on file with the school \_\_\_\_\_

## EMERGENCY CONTACT IF PARENT CAN'T BE REACHED

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL RELEASE

I understand that the coaches will use their best judgment in determining emergency care and procedures. I also understand that the coaches have no provision for expenses incurred in carrying out emergency procedures and emergency transportation. In case of illness or accident to the student named above, the coaches are authorized to obtain immediate medical treatment. I hereby release the coaches from all liability associated with the actions taken in good faith by the coaches in providing or obtaining emergency treatment. My signature below indicates my understanding of this medical release and authorizes my student to participate in summer (spring) activities organized by school coaches or staff.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**COACH**

To assure that the player & parent have read and understands this warning notice, have them sign and return this card to you for your permanent file.

\_\_\_\_\_  
Player

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

**WARNING**

Do not strike an opponent with any part of this helmet or face mask. This is a violation of football rules and may cause you to suffer severe brain or neck injury, including paralysis or death.

Severe brain or neck injury may also occur accidentally while playing football.

NO HELMET CAN PREVENT ALL SUCH INJURIES.  
YOU USE THIS HELMET AT YOUR OWN RISK.

**LINFIELD TEAM CAMP ACKNOWLEDGEMENT OF RULES:**

Player Name: \_\_\_\_\_

**I HAVE READ COMPLETELY, UNDERSTAND, AND AGREE TO THE RULES AND INFORMATION IN THE LINFIELD PARENT LETTER.**

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**PLAYER SIGNATURE**

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**PARENT SIGNATURE**

Special Needs:

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