



PERMISSION TO PARTICIPATE

I hereby request permission to participate on the Franklin Township School _____ team/clinic.

Realizing that such activity involves the potential for injury which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/e have read this warning.

Signature of Pupil

Date

I hereby give consent for my child, _____, to participate in the _____ team/clinic representing Franklin Township School.

Realizing that such activity involved the potential for injury which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/e have read this warning. In the event that an injury occurs, I assume all responsibility and expense through my own insurance company or the elective school insurance.

In case of an accident or injury, I request the coach contact me. It will be the parent/guardians responsibility to come for their child. If the coach is unable to reach me, I hereby authorize the coach to call 911, and have my child transported to the nearest medical center if deemed necessary.

INSURANCE INFORMATION

Insurance Policy Name: _____

Benefits Number: _____

Athletes must be covered by a health insurance policy. If the family does not have insurance it must be obtained through the school insurance policy before the student may participate.

EMERGENCY CONTACT INFO

Contact #1 Name and Phone number: _____

Contact #2 Name and Phone number: _____

Email address: _____

Signature of parent or guardian

Date