Collins-Maxwell CSD Permission for Athletics

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Student Name:		
Parent/Guardian:		
Phone: Activity(ies):		
Parent/Guardian Permission		
Participation in athletics includes risk of injury which may range in severity from minor to disabling or even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate it completely. Participants can and have the responsibility to help reduce their chance of injury. Students may do this by obeying all safety rules, reporting all physical ailments to their coaches, and by following a proper conditioning program. Students should inspect their sports equipment daily.		
By signing below, I (we) acknowledge that we have read the above information and permit our student to participate in extracurricular activities.		
I hereby give my consent for the above named student:		
 To represent his/her school in approved athletic activities. To accompany any school team of which he/she is a member on its local or out-of-town trips. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or travel. Collins-Maxwell CSD does not offer a student health insurance plan to cover accidents or injuries during athletic practices or events. 		
I further agree to not hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the proper course of such athletic activities or travel.		
Health Information		
Please list if your student has any of the following:		
Health Conditions:	None Allergies:	□ None
Previous Injuries:	None Medications:	None
Emergency Contact:	Phone:	
"Heads UP": Concussion in High School Sports		
IMPORTANT: Students participating in extracurricular athletics, including: football, basketball, cheerleading, track, volleyball, etc., and their parents and guardians, must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.		
We have received the information provided on the concussion fact sheet provided to us, or viewed it on the school's website.		
By signing below I acknowledge and agree to the statements provided above.		
Parent/Guardian Signature	Date	_
Student Signature	Date	_