

Walnut Township Local Schools Permission to Participate

ATHLETE _____ SPORT _____

ADDRESS _____

PHONE _____ GRADE _____

I (We) hereby permit my (our) son/daughter to participate on the _____ team and to engage in all activities related to the team, including, but not limited to conditioning, camps, trying out, practicing, and playing in competition. I (we) understand and assume all risks, which may include, but are not limited to, sprains, fractures, ligament or cartilage damage, neck and spinal injuries, and serious injury to muscles, internal organs, an/or brain, associated with said participation, and recognize the importance of following coaches instructions regarding playing techniques, training guidelines and team rules. As part of this agreement to permit my (our) son/daughter to participate on the

team, I (we) also agree to provide the school administration the following forms, fees, or information:

- _____ Physical Examination Forms
- _____ Emergency Medical Authorization Form
- _____ Permission to Participate
- _____ Insurance Waiver
- _____ Training Rules
- _____ OHSAA Eligibility Bulletin
- _____ Team Rules
- _____ School Fees and Any Other Miscellaneous Fees Paid

I (We) acknowledge that we have been properly advised, warned, and cautioned by the coaching personnel of the Walnut Township Local Schools that participation in athletics can result in an athlete suffering serious injury. Having been so cautioned and warned, with full knowledge and understanding of the risk of serious injury from participation in _____, it is our desire to consent my (our) son's/daughter's participation.

Parent/Guardian Signature

Date

Athlete's Signature

Date