

# Martin Luther School

Small School.  Smart Choice.

## Athletics Parental Consent Form

YEAR \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Class

### A Parent/Guardian must read and initial next to the following statements.

1. I, the parent/guardian of the student named above, hereby give permission for my child to try out for the team indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child's participation in this activity is purely voluntary. However, if selected, I understand that my child be required to attend regularly scheduled practices and competitions.	<b>Initial</b> ____
2. I understand that my child will meet all MLS practice and participation requirements.	<b>Initial</b> ____
3. I understand that my child is responsible for her/his behavior at all time and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team.	<b>Initial</b> ____
4. I understand that it is necessary for my child to have an approved medical certificate for school competition on file in the school before trying out, practicing or competing in interscholastic athletic activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.	<b>Initial</b> ____
5. I understand that with the participation in sports comes the risk of injury, particularly with contact sports. Such injuries may include, but not be limited to, concussions, and injury to bones, neck, spine, or internal organs. I understand the risks involved and expressly agree to accept all the risks existing in the sport in which my child will be participating.	<b>Initial</b> ____
6. I have received and read the "Concussion Information Sheet". I agree to thoroughly read through the information sheet and report to the school if there is any change in my child's medical condition.	<b>Initial</b> ____
7. I agree that in the event of injury or illness, the staff member in charge of the team may act on my behalf and at my expense in obtaining medical treatment for my child.	<b>Initial</b> ____
8. I agree to be responsible for the return of all equipment issued by the school to him/her.	<b>Initial</b> ____

Turn over 

9. I hereby give permission for my child's photograph and information about my child's performance in activities, together with my child's name, school and grade level to be put on the school website, in accordance with the policies set forth in the MLS' Internet Acceptable Use Policy.	<b>Initial</b> _____
10. I understand that the information to be posted does not include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personally identifiable information such as my child's address, phone number, or social security number.	<b>Initial</b> _____
11. I hereby give permission for my child to be interviewed, videotaped and/or photographed by the media as it pertains to MLS athletic contests. I also hereby release the Martin Luther School, and its agents and employees, from all claims demands, liabilities whatsoever in connections with the above.	<b>Initial</b> _____
12. I hereby release, discharge, the Martin Luther School, and their employees of all claims, demands or causes of action which are in any way connected with my child's participation in this activity, except if such claims arise out of gross negligence or willful misconduct of Martin Luther School.	<b>Initial</b> _____

In an emergency, please contact me at: (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_.

\_\_\_\_\_  
Print-Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

I have found the medical certificate submitted by student and parent to be acceptable.

\_\_\_\_\_  
Athletic Director

\_\_\_\_\_  
Date