

PARENT CONSENT FORM for STUDENT ACTIVITY/ATHLETIC PARTICIPATION 2019 – 2020

STUDENT NAME:		
Last First		
DATE OF BIRTH:		
Month Day Year	CM IH K School (circle	(P TG W Grade
PARENT PERMISSION A	ND RELEASE:	
Extracurricular athletic sp	ort or activity:	
including the risk of fracture including death.	res, brain injuries, p ovide transportation	njury. The nature of the injury could be severe, paralysis, and other catastrophic injuries, home from school after practice sessions and
Parent/Guardian signature		Date
Contact number		Secondary contact number
***Please return this form to the	e building coach or spon	sor.
***Note: any extracurricular <u>cor</u> form.	<u>ntact</u> activity <u>or</u> athletic	participant will need to complete a concussion signature
***Note: there may be an addition	onal building activity/at	hletic form required your student's building coach/sponsor.