

**PARENT PERMISSION FOR STUDENT ATHLETIC PARTICIPATION**

The school’s athletic program is an integral part of the curriculum, and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes a risk of injury which may range in severity from minor to long-term catastrophic.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, report all physical problems to the coach or athletic trainer follow a proper conditioning program and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport, and especially in contact sports, the head is not ever to be used as a “ram” and the head should not be used as an initial contact point.

Please initial each of the following statements to show that the statement has been read, understood and approved.

\_\_\_\_ I consent to have my son/daughter represent his/her school in approved athletic activities except those activities excluded by the examining doctor.

\_\_\_\_ I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of-town trips, the athlete will be transported to and from all events in school approved vehicles. Parents wishing to have their son/daughter with them when returning from an event must make written arrangements with the coach at the athletic event.

\_\_\_\_ In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In case I cannot be reached I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentists.

Phone # \_\_\_\_\_

\_\_\_\_ I agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of such athletic activities or travel.

To participate in athletics at St. Luke’s Episcopal School all players must be covered with insurance.

We need this signed statement from you, the parent/guardian that your son/daughter is covered with insurance and that St. Luke’s Episcopal School will not be held responsible for any injuries that might occur.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Legal Guardian)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Legal Guardian)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Athlete)