

# James Buchanan Athletic Parental Consent Form

School Year 20 \_\_\_\_ to 20 \_\_\_\_ Grade \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

## General Student Information

Athletes Name \_\_\_\_\_  
(last) (first) (middle)

Home Address \_\_\_\_\_

City / Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

## Athletic Participation

Students who have elected to participate in the athletic program will be required to Practice and participate in scheduled contests after regular school hours and possibly on non-school days. Supervision at practice, games, and travel will be provided by the school.

In addition, all student athletes must comply with eligibility regulations that govern athletics in the Tuscarora School District and the Pennsylvania Interscholastic Athletic Association.

## Eligibility

I also declare and affirm that my child resides within the attendance area of **TUSCARORA SCHOOL DISTRICT** and meets all the residency requirements of the Tuscarora School District and the Pennsylvania Interscholastic Athletic Association.

## Photography Permission

I hereby grant permission for the Tuscarora School Districts Athletic Department to use my child's photograph on the school's website, the athletic department website, or in any other athletic publications for educational and/or promotional purposes.

Permission Granted

Permission Not Granted

## Insurance Information

We understand that the sport in which our child will be participating is potentially dangerous and that physical injuries may occur to our child requiring emergency medical care and treatment. We assume the risk of injury to our child that may occur in the athletic activity. We agree to hold harmless the Tuscarora School District, its members, the Superintendent of Schools, the principal, the athletic director, athletic trainer, all coaches, and any and all other agents and agree to indemnify each of them from any claims, costs, suits, action judgments, and expenses arising from our child's participation in interscholastic athletics and sports and any injuries received there from and expenses related thereto.

Select one:

(all students must have health insurance coverage to participate in interscholastic athletics)

I have health insurance coverage

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I purchased student accident insurance

School time: \_\_\_\_\_ 24-hour: \_\_\_\_\_

I give my consent and authorize Tuscarora School District Schools and its agents and/or employees to consent on my behalf of my child to emergency medical care and treatment in the event I am unavailable.

I agree and understand that I will be responsible for all medical bills and costs that may be incurred as a result of medical care or treatment of my child for accidents and injuries in school sponsored games and practice sessions, and during travel to and from athletic activities.

In addition, I have received and reviewed the contents of the handbook for parents of student-athletes, which explains the James Buchanan athletic guidelines. I understand and accept these guidelines.

I certify that all information is correct.

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Parent Signature

Date

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Student Signature

Date