

**2018-2019
PARENT / LEGAL GUARDIAN PERMISSION FORM
FOR MIDDLE AND HIGH SCHOOL STUDENTS
MSD ATHLETIC DEPARTMENT**

STUDENT-ATHLETE NAME

DATE OF BIRTH

I hereby give my consent for the above-named student-athlete to represent his/her school in athletic activities, and to accompany any school team of which he/she is member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its choice, and emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree we/I will not hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student-athlete in the course of such athletic activities or such travel.

Check all that apply:

| | YES | NO |
|-----------------------|--------------------------|--------------------------|
| SUMMER CAMPS | | |
| Cheerleading Camp | <input type="checkbox"/> | <input type="checkbox"/> |
| Football Camp | <input type="checkbox"/> | <input type="checkbox"/> |
| Volleyball Camp | <input type="checkbox"/> | <input type="checkbox"/> |
| FALL SPORTS | | |
| Cheerleading | <input type="checkbox"/> | <input type="checkbox"/> |
| Cross Country | <input type="checkbox"/> | <input type="checkbox"/> |
| Football | <input type="checkbox"/> | <input type="checkbox"/> |
| Volleyball | <input type="checkbox"/> | <input type="checkbox"/> |
| WINTER SPORTS | | |
| Boys Basketball | <input type="checkbox"/> | <input type="checkbox"/> |
| Cheerleading | <input type="checkbox"/> | <input type="checkbox"/> |
| Girls Basketball | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrestling | <input type="checkbox"/> | <input type="checkbox"/> |
| SPRING SPORTS | | |
| Baseball | <input type="checkbox"/> | <input type="checkbox"/> |
| Softball | <input type="checkbox"/> | <input type="checkbox"/> |
| Track and Field | <input type="checkbox"/> | <input type="checkbox"/> |
| SPRING CLINICS | | |
| Football | <input type="checkbox"/> | <input type="checkbox"/> |
| Volleyball | <input type="checkbox"/> | <input type="checkbox"/> |
| YEAR-ROUND | | |
| Weight Lifting | <input type="checkbox"/> | <input type="checkbox"/> |

Please check all sports and activities that your child will or may participate in during the year. As all members of any teams are required to participate in a weight lifting program, please grant permission for your child to participate in weight lifting.

NAME OF PARENT / LEGAL GUARDIAN

PARENT'S / LEGAL GUARDIAN SIGNATURE

DATE

THIS FORM MUST BE COMPLETED IN ALL DETAILS AND FILED IN THE OFFICE OF THE ATHLETIC DIRECTOR BEFORE THE STUDENT WILL BE ALLOWED TO PRACTICE OR COMPETE IN ATHLETICS.