

2019-2020
PARENT / LEGAL GUARDIAN PERMISSION FORM
MSD ATHLETIC DEPARTMENT

NAME OF STUDENT-ATHLETE

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 MSD athletic team of which s/he is a member of on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its choice, emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or 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 travel.

Check all that apply:

Table with 3 columns: Activity, YES, NO. Rows include Summer Camps (Cheerleading, Football, Volleyball), Fall Sports (Cheerleading, Cross Country, Football, Volleyball), Winter Sports (Boys Basketball, Cheerleading, Girls Basketball, Indoor Track & Field, Wrestling), Spring Sports (Baseball, Softball, Track & Field), Spring Clinics (Boys Basketball, Football, Girls Basketball, Volleyball), and Year-Round (Weight Lifting).

Please check all sports and activities your child has permission to participate in during the school year. As members of all athletic teams are expected to participate in a weight lifting program during their respective seasons, please grant permission for your child to participate in weight lifting throughout the school year.

NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

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.