



Rhodes School

for the Performing Arts

ATHLETICS DEPARTMENT

PARENT'S APPROVAL FOR PARTICIPATION IN ATHLETICS AND EMERGENCY MEDICAL AUTHORIZATION

I hereby certify that _____ has my approval to play at home or away from _____ (Student) home on the athletic teams of the _____ Middle/High School, grade _____ as follows: (School)

Parent please check box of approved sports participation.

<input type="checkbox"/>	Flag Football
<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Track & Field
<input type="checkbox"/>	Cheerleading
<input type="checkbox"/>	Drill Team

I understand and agree that The Rhodes School Board of Education and the employees and agents of The Rhodes School assume no responsibility or liability for any accident or injury as a result of any aspect of participation in the sports listed above.

I understand and acknowledge that participation in the above listed sports creates the potential for receiving an injury. With the knowledge of this potential risk of injury, I am giving my son/daughter permission to participate in athletics and accept full responsibility for this decision.

In the event of an injury, I hereby grant permission to school officials and employees to render, secure, and authorize necessary medical treatment.

I understand that medical expenses for injuries will be paid only according to The Rhodes School Department of Athletics rules, and such payments do not waive The Rhodes School's general immunity or create any liability for injuries or damages.

My insurance company is _____

Policy Number _____ Group Number _____

Please provide below information for both parents, if possible.

Date _____ Telephone _____ Home Address _____

Social Security Number _____ Signature _____
(Parent or Guardian) (Parent or Guardian)

Date _____ Telephone _____

Social Security Number _____ Signature _____
(Parent or Guardian) (Parent or Guardian)

I certify that this release was signed in my presence _____
Student Social Security Number

Principal or Notary (No Stamp Signature)
(First Year Participation Requirement)

PLACE OF EMPLOYMENT (Both parents, if possible)

(Father)	(Mother)
Employer _____	Employer _____
Address _____	Address _____
Phone _____	Phone _____

NOTE TO THE COACH: You must have a completed form before the student may participate in or practice for any sport. File the original in the office of the school attended. You must file a copy every school year. A notarized copy or a copy signed by the parents in the presence of the principal must be filed for the first year of participation at the school the student attends. Thereafter, a parent approval signed by the parents or parent must be submitted before the student may participate.