

**Warren Hills Regional School District
Athletic Permission Form for the 2007-2008 School Year**

I hereby request to be enrolled as a candidate for a position on the team(s) marked below, with full knowledge that physical hazards may be encountered that may cause bodily injury. *(Note: Those sports marked with an asterisk(*) are offered only at the high school.)*

- | | | |
|------------------------|-----------------------|-------------------|
| ___ Boys' Soccer | ___ Boys' Basketball | ___ Baseball |
| ___ Girls' Soccer | ___ Girls' Basketball | ___ Softball |
| ___ Field Hockey | ___ Wrestling | ___ Boys' Track |
| ___ Football* | ___ Cheerleading | ___ Girls' Track |
| ___ Cross Country* | ___ Swim Team* | ___ Boys' Tennis* |
| ___ Girls' Tennis* | ___ Bowling* | ___ Golf* |
| ___ Girls' Volleyball* | | |

* = not offered to middle school students, offered at the high school only

I understand that the risks of playing a sport include a full range of injuries, from minor to severe. I realize that neither the protective equipment and padding used in some sports, the safety rules and procedures of the sport, the coaching instruction received, nor the sports medicine care provided to athletes can guarantee safety or prevent all injuries they might sustain. I further recognize the possibility that I, as an athlete, might become paralyzed, suffer brain damage or other serious, permanent injury, or even die as a result of participation in this sports program. I agree to accept these risks as a condition of participation in this program.

Student's signature _____ **Date** _____

I give permission for my son/daughter to participate in the above marked sport(s) at Warren Hills Regional and to travel to and from contests, practices, and any other event associated with the respective program through transportation arranged by the school.

I understand that even though safety precautions are taken to protect the athlete, accidents can and do take place that may cause bodily injury when my son/daughter is participating in the athletic program. I give my permission to the team physicians and athletic trainers to render whatever emergency care may be needed at the time of any injury. I understand that the Warren Hills Regional Board of Education provides accident insurance for students participating in interscholastic athletics.

I understand that the risks of playing a sport include a full range of injuries, from minor to severe. I realize that neither the protective equipment and padding used in some sports, the safety rules and procedures of the sport, the coaching instruction received, nor the sports medicine care provided to athletes can guarantee safety or prevent all injuries they might sustain. I further recognize the possibility that my child, as an athlete, might become paralyzed, suffer brain damage or other serious, permanent injury, or even die as a result of participation in this sports program. I agree to accept these risks as a condition of participation in this program.

Signature of parent/guardian _____ **Date** _____