

**UPPER DUBLIN HIGH SCHOOL
PARENT PERMISSION FORM: ATHLETICS**

STUDENT'S NAME _____ GRADE _____ **STUDENT I.D.#** _____

DATE OF BIRTH _____ TODAY'S AGE _____ PLACE OF BIRTH(State) _____

SPORT _____ COACH _____

I, THE PARENT/LEGAL GUARDIAN OF THE ABOVE-NAMED STUDENT, GIVE PERMISSION FOR HIS/HER PARTICIPATION IN THE ABOVE-NAMED SPORT FOR THE 20____ SEASON.

I AM FULLY AWARE THAT ATHLETIC ACTIVITY INVOLVES MANY INJURY RISKS FROM SUPERFICIAL AND MINOR (SUCH AS MUSCLE PULLS, SCRAPES, CUTS AND BRUISES) TO SEVERE AND DAMAGING (SUCH AS FRACTURES, INTERNAL INJURIES, HEAD AND NECK INJURIES). SCHOOL POLICY REQUIRES THAT EVERY STUDENT ATHLETE MUST BE COVERED BY SCHOOL OR FAMILY HEALTH INSURANCE THAT INCLUDES ATHLETIC INJURIES. ! **CERTIFY THAT MY CHILD IS COVERED BY THE FOLLOWING INSURANCE:**

_____ SCHOOL POLICY **OR** DATE INSURED _____
FAMILY POLICY **Insurance**
_____ COMPANY NAME **NO.** _____

PARENT/GUARDIAN SIGNATURE STUDENT'S SIGNATURE

DATE _____ DATE _____

rev 8/01

**UPPER DUBLIN HIGH SCHOOL
PARENT PERMISSION FORM: ATHLETICS**

STUDENT'S NAME _____ GRADE _____ **STUDENT I.D.#** _____

DATE OF BIRTH _____ TODAY'S AGE _____ PLACE OF BIRTH(State) _____

SPORT _____ COACH _____

I, THE PARENT/LEGAL GUARDIAN OF THE ABOVE-NAMED STUDENT, GIVE PERMISSION FOR HIS/HER PARTICIPATION IN THE ABOVE-NAMED SPORT FOR THE 20____ SEASON.

I AM FULLY AWARE THAT ATHLETIC ACTIVITY INVOLVES MANY INJURY RISKS FROM SUPERFICIAL AND MINOR (SUCH AS MUSCLE PULLS, SCRAPES, CUTS AND BRUISES) TO SEVERE AND DAMAGING (SUCH AS FRACTURES, INTERNAL INJURIES, HEAD AND NECK INJURIES). SCHOOL POLICY REQUIRES THAT EVERY STUDENT ATHLETE MUST BE COVERED BY SCHOOL OR FAMILY HEALTH INSURANCE THAT INCLUDES ATHLETIC INJURIES. ! **CERTIFY THAT MY CHILD IS COVERED BY THE FOLLOWING INSURANCE:**

_____ SCHOOL POLICY **OR** DATE INSURED _____
FAMILY POLICY **Insurance**
_____ COMPANY NAME **NO.** _____

PARENT/GUARDIAN SIGNATURE STUDENT'S SIGNATURE

DATE _____ DATE _____

rev 8/01