

Archbishop Williams High School

Department of Athletics

2010-2011 Athletic Permission Form:

Name: _____ Date: _____

I. Understanding of School Rules/Information, State Rules and Coaches' Rules.

I have read the rules and information pertaining to athletics at Archbishop Williams High School in the 2010-2011 Student / Parent Handbook and the [2010-2011 Student-Athlete / Parent Handbook](#) and agree to adhere to them all while a member of any athletic team at Williams.

Signature of Student: _____

II. Parental or Guardian Permission

By its nature, participation in interscholastic athletics includes risk of injury, which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk.

Participants can, and have the responsibility to, reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this Permission Form, we acknowledge that we have read the above information.

PARENTS OR GUARDIANS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

"I hereby give my consent to the above-named student,

1. to represent his/her school in approved athletic activities
2. to accompany any school team of which he/she is a member on its local or out-of-town trips;
3. to receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel.

Signature of Parent/Guardian: _____

III. General

A. Parent/Guardian _____ Phone _____

Address _____

B. Insurance Co. _____

C. Policy Number _____

D. Person to call in case of an emergency:

Name _____ Phone _____

E. Family Physician _____

Telephone _____

F. Special medical problems/past medical history (if any) _____

G. Please provide us with information relative to any history of sports head injuries (i.e. concussions): _____

H. Medications (if any) _____

I. Allergies (if any) _____

This form, along with an updated physical, must be on file before the student can be allowed to participate.