

# Montville Township High School

## Participation in Sports Permission Form

Dear Parent/Guardian:

I hereby consent to allow my son/daughter to participate in the sports program listed below sponsored at Montville Township High School.

I further authorize the school physician to examine my child. \_\_\_\_\_  
Parent/Guardian Signature Required

I further authorize the coach, athletic trainer, the school nurse, and school physician to review my child's health history and physical exam report form.

I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, the potential for injury is inherent in all sports. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. I acknowledge that I have read and understand this warning.

### Hazing

I will not allow myself to be hazed or participate in hazing. If I witness a hazing incident(s) I will report such incident(s) to my coach and /or school administration.

I have read and understand the team rules and regulations for the (\_\_\_\_\_) team and will abide by these rules. My signature herein acknowledges receipt of the above warning and rules.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's Signature)

### Please print:

Name of Student: \_\_\_\_\_

Grade in Sept. 2009: \_\_\_\_\_

Name of Sport: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### To the coach only

My signature indicates that I have reviewed and verify that the above named athlete has completed the participation forms. *Coach* \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SCHOOL NURSE.**