

JHS PARTICIPATION CONSENT FORM

Student's Name: _____

1. I herby authorize Jefferson High School and it faculty members in charge of my child named above, to obtain all necessary medical care for my child and I herby authorize any licensed physician and or medical personnel to render necessary medical treatment to my child. I also give my permission for the team physician, athletic trainer, or other qualified personnel to give first aid treatment to this student at any athletic event in case of emergency.
2. I herby give my consent for the above student to engage in the approved athletic activities as a representative of Jefferson High School that I have checked below:

- | | | |
|------------------------|--|-----------------|
| ____ Cross Country | ____ Cheerleading | ____ Tennis |
| ____ Girl's Basketball | ____ Wrestling | ____ Track |
| ____ Boy's Basketball | ____ Football | ____ Volleyball |
| ____ Golf | ____ Any or all activities listed here | |

3. I hereby acknowledge that I have read and understand the Academic Eligibility Rules, Training Rules and the Grievance Procedures found in the Student Activity Handbook and agree along with my Student/Athlete to adhere to those rules and policies.
4. I herby acknowledge that there are certain inherent risks in athletic participation. I accept these participation risks.
5. Above authorization is given for the school year beginning August 20__.

(Parent Signature)

(Date)

(Printed Name)

(Student Signature)

(Date)

(Printed Name)

(Home Phone)

(Emergency Phone)