

**Parent/Legal Guardian's
Risk Acknowledgement/Consent to Participate Form**
(This form must be completed annually)

Participant _____ Birth Date _____

Address _____

1) Parent/Guardian _____

Address _____ City _____ State _____

Home phone: _____ Cell phone: _____

2) Parent/Guardian _____

Address _____ City _____ State _____

Home phone: _____ Cell phone: _____

My/our child wishes to participate in the sport of **volleyball, basketball, and/or track** during the 2019-2020 school year. I/We realize that there are numerous risks involved in participating in these sports. These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. We have been informed about the various risks associated with our child's participation in volleyball, basketball and/or track, and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in **volleyball, basketball and/or track**, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

Parent/Legal Guardian

Date: _____

Parent/Legal Guardian

Date: _____