American Coaching Academy

Informed Consent Sign Off Form

I hereby give permission for _____ to participate in _____ during the athletic season beginning in _____. Further, I authorize the school to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Date _____ Parent or Guardian _____

Address _____ Home Phone _____
Cell Phone _____ Work Phone _____

Athlete's Physician _____
Address _____
Phone _____

Medical conditions (e.g., allergies or chronic illnesses) _____
_____
_____
_____
_____
_____

Alternate contact in case of emergency _____
Relationship to Athlete _____ Phone _____

My child and I are aware that participating in _____ is a potentially dangerous activity. We assume all risks associated with participation in this sport, including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known.

We understand this informed consent form and agree to its conditions.

Child's signature _____ Date_____
Parent's or guardian's signature _____ Date _____