

JACKSONVILLE HIGH SCHOOL

Participation in Athletic / Competitive Activities

_____	_____
Student Name (Please print)	Grade

PARENTAL / GUARDIAN CONSENT

I hereby give my permission for _____ to participate in athletic/competitive activities at Jacksonville High School. In giving this consent I do so with the full understanding that Jacksonville High School assumes no responsibility for any accident or injury to a student which may occur as a result of participation.

_____	_____
Parent / Guardian Signature	Date

AUTHORIZATION FOR MEDICAL SERVICES

Student Name _____	Age _____
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As a legal guardian for the student indicated above, I give my permission for necessary medical services to be administered to the student in case of illness or accident.

_____	_____
Parent / Guardian Signature	Date

Address: _____

Phone:(home) _____ (work/cell) _____

Student's Physician: _____ Office Phone: _____

Insurance Carrier: _____ Policy Number: _____

Allergies or Special Concerns: _____

ATHLETIC CODE OF CONDUCT

I have read the Athletic Code of Conduct. I understand and accept the rules and responsibilities involved.

_____	_____
Parent / Guardian Signature	Date

I will do my best to represent the school with the highest expectations as a leader, student, and member of the team. I have read the rules and responsibilities as stated in the Athletic Code of Conduct and promise to do my best to fulfill them.

_____	_____
Student Signature	Date