



ATHLETICS CONSENT FORM

Parents or Guardians complete this section & signatures ***MUST BE NOTARIZED.***

Student Information:

_____/_____/_____
Name as it appears on Birth Certificate Grade School Year Date of Birth

Residence: _____
Street Address Home Phone

City State Zip Code Parent Cell Phone

Parent's email address: _____ Student Cell phone: _____

Emergency Medical Treatment Permission and Information

I hereby authorize Forest Lake Academy to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for my child _____. Payment of all charges incurred for medical treatment is guaranteed by me in the event the payment from the insurance company (s) does not pay the entire balance due. I also authorize Forest Lake Academy personnel to conduct any random testing for substance abuse during the time from tryouts through the completion of the school year.

Please Initial _____

Family Physician: _____ Physician's Contact info (cell) _____

Student Participation Permission

Participation in Interscholastic Athletics may result in severe injury, including paralysis, or death. While improvements in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, it is impossible to totally eliminate such occurrences from Interscholastic Athletics.

CHECK ALL BOXES THAT APPLY:

- ☐ I hereby give my consent for the above named student to represent Forest Lake Academy in all Interscholastic sport activities, including team travel for local and out-of-town trips
- ☐ I hereby give my consent for the above named student to participate in pre and post season conditioning
- ☐ I hereby give my consent for the above named athlete who is not a student of Forest Lake Academy to participate in pre and post season conditioning, practices and games

Student's Signature Legal Signature of Parent/Guardian (relationship to student) Date

Notary Signature Seal Date