

EDGEWOOD HIGH SCHOOL STATEMENT SHEET

Last Name: _____ First Name: _____

Birth Date: _____ Student ID: _____ Grade _____

Sports/Activity: _____

Parent's Statement: I hereby give my consent for the above-named student to compete in sports at Edgewood High School. I authorize the student to go with and be supervised by a representative of the school on any trips. I agree to assume the responsibility of seeing that my child cooperates and conforms to the fullest with school directions and instructions of the school officials in charge. In case this student becomes ill or is injured, you are authorized to have the student treated, and I authorize the medical agency to render treatment.

Signature of Parent/Guardian

Date

Father/Guardian Home Phone: _____ Mother/Guardian Home Phone: _____
Work Phone: _____ Work Phone: _____

If Parents or Guardians cannot be reached, contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician's Statement: I hereby certify that the above-named student is physically fit to engage in sports.

Clinic stamp or Doctor's Office stamp **REQUIRED**

Signature of Physician

License #

Date

Warning to Students and Parents: Serious, catastrophic and perhaps fatal injury may result from athletic participation. By choosing to participate, parent/guardian and student acknowledge that such risks exist. Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from proper uses and techniques. No amount of instruction, direction, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury. I, as the parent or legal guardian of the above-named student, have read the warning to students and parents and understand its terms. I understand that all sports can involve many risks of injury, including, but not limited to, those outlined above. In recognition of these risks, I give my consent to allow my son or daughter to participate.

Signature of Parent/Guardian

Date