

St. Charles North High School



Parent Permission Form



Return form in registration packet

(Please Print Information)

As a parent/guardian, I understand St. Charles North High School will provide safe equipment for use and coaches will follow sound teaching procedures in all activities. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc, and agree to obey such instructions.

Your signature indicates you understand that through participation in a sport, you are willing to risk the possibility of serious injury and accept that risk. To date there are no proven cases of HIV or Hepatitis B transmission through athletic competition. The theoretical risk is extremely low and does not justify exclusion of HIV/Hepatitis B positive athletes from athletics. I understand that some competitors may be HIV/Hepatitis B positive and that there is a theoretical possibility of exposure to HIV/Hepatitis B infection if my son/daughter is exposed to blood in practice and/or competition.

My son /daughter has a current physical and will pay the one time fee of \$50.00 per sport prior to start of season.

My son/daughter will be responsible for the return of all equipment issued. He/she will be charged for any loss of issued equipment.

HAVE YOU ATTENDED ANY OTHER HIGH SCHOOL? NO _____ YES _____

If Yes, FROM: day _____, month _____, year _____ - TO: day _____, month _____, year _____

SPORT: (please circle) B Basketball G Basketball G Gymnastics B Wrestling
B Track B Swim G Indoor Track Competitive Cheer

STUDENT NAME: _____ I.D.#: _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE: _____ DATE OF BIRTH: _____ - _____ - _____

PARENT SIGNATURE: _____

Authorization for Medical Treatment

I give my consent/permission to any supervising coach of any sport in which my child is participating in at St. Charles North High School, and the right, on my behalf and in my stand, to arrange for licensed and certified physicians and/or athletic trainer to render and provide immediate treatment as to injuries that may be sustained by my child while participating in such sport, whether directly or indirectly, and whether sustained during practice or in active inter-scholastic competition, where such injuries consist of, but are not limited to, sprains, strains, minor fractures, dislocations, lacerations, contusions, abrasions, and similar injuries and all without necessity of any further or additional express authorization, by me other than for this authorization.

My above permissions and consent also extends to the right of any such supervising coach or school personnel to arrange for immediate medical treatment by a licensed or certified physician and/or athletic trainer, and for them to apply such emergency techniques as may be necessary to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment, is deemed reasonably necessary to preserve the life or limb of my child.

NAME OF CHILD TO WHOM THIS AUTHORIZATION EXTENDS:

Parent/Guardian Signature _____ Date _____

