

The Donoho School
ATHLETIC PERMISSION FORM

STUDENT'S NAME _____ GRADE _____

Parents or Guardian _____

Address _____

Home Phone _____ Business Phone _____

How may the parents or guardian be reached in case of emergency?

Mother _____ Phone _____

Father _____ Phone _____

Guardian _____ Phone _____

If a parent or guardian cannot be reached in case of emergency, whom should we call?

Name _____ Phone _____

I certify that the student named above is covered by athletic injury insurance.

Carrier _____

Contract Number _____

I certify that my child will attend a meeting with the school's athletic team coach **as a requirement for participation**. At the meeting, I understand my child will hear the possible negative aspects of participation, namely injuries. The school and/or its representatives have my permission to seek medical help for my child in case of emergency.

Date

Signature of Parent or Guardian