

**SALINE AREA SCHOOLS
PARENT NOTIFICATION AND CONSENT FORM
FOR SALINE ATHLETIC TRIPS**

Dear Parent,

Please complete this form and return to the Athletic Office or Coach:

I hereby give permission for my child: _____ to go on athletic
trips with _____
(Student/Athletes Name)
(Team Name)

I understand that my child will travel with the team to and from athletic events on school provided transportation. I understand that the student/athlete will travel with a chaperone not only during the scheduled activity but also whenever they leave the activity site.

In granting this permission, I assume full responsibility for any damages to person or property caused by my child.

I agree that if it is determined that my child needs medical or dental treatment, I will be responsible for such treatment determined necessary by a physician or dentist.

(Signature of Parent/Guardian)

(School-High/Middle)

(Date)

(This includes student/athletes under guardianship, ward, etc.)

STATEMENT OF ATHLETIC ELIGIBILITY

I verify that _____ lives in the Saline Area School District and is
(Name of Student/Athlete)

living with the same persons with whom he/she had been living with during the period of his/her last school enrollment.

(Signature of Parent/Guardian)

(Address)

(Date)

(City)

(Home Phone)

(Work Phone)

DISCLOSURE OF CURRENT HEALTH

My signature verifies that _____ has been in good health for the past month.
(Student/Athletes Name)

(Signature of Parent/Guardian)

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, _____, hereby acknowledge that I have been properly advised, cautioned, and warned by the proper administrative and coaching personnel for the Saline Area Schools that by participating in the sport of _____ I am exposing myself to the risk of serious injury, including but not limited to, the risk of strains, fractures, ligament and/or cartilage damage which could result in temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport.

(Signature of Student/Athlete)

ACKNOWLEDGEMENT OF WARNING BY PARENT

I, the parent of _____, do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel for the Saline Area Schools that my child named above may suffer serious injury, including but not limited to sprains, fractures, ligament and/or cartilage damage which could result in temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis; or even death by participating in the sport of _____. Not with-standing such warnings, and with full knowledge and understanding of the risk of serious injury to my child named above which may result, I give my consent to

_____ participating in the sport of _____.
(Name of student) (Name of Sport)

(Signature of Parent/Guardian)

(Date)