



***Permission to Participate in Sports Activities**

I give permission for my child, _____, Grade: _____, to participate in the AIS/D middle school sports program **(this form, filled out once, will cover all sports your child may be involved in this year)**. I understand that his/her participation may subject him/her to the normal risks associated with sports activities. I also understand that the school will provide reasonable supervision of this activity. Nevertheless, those supervisors and/or the school in general cannot be held accountable for any injuries that may occur. The school does not carry medical insurance or insurance for other costs arising from accidents that may occur through no fault or negligence of the school. It is recommended that parents review their medical insurance and ensure adequate coverage is provided. In signing this permission slip, I authorize school personnel to take reasonable action to safeguard the health and wellbeing of my child, including administering first aid and, if necessary, obtaining emergency medical treatment. I understand the school will make every effort to contact me in the event professional medical treatment is required.

CONTACT INFORMATION

PARENT'S NAME: _____

CONTACT: _____
Office/Cell Phone Home Phone

EMERGENCY CONTACT'S NAME: _____

CONTACT: _____
Office/Cell Phone Home Phone

HEALTH AND FITNESS CERTIFICATION

I, _____ (parent), certify that _____ has been examined by a physician in the past 12 months and he/she was found physically able to participate fully in sports activities such as this one during the school year.

Parent's Signature

Date