

## Byron Center Public Schools Athletic Permission Form

### I. Family Information

\* Parents are responsible to fill out a new form when any of the information listed below changes. If your information stays the same for all four years your child participates then you only need to fill out this form once starting in the 2008-2009 school year.

Student's Name: \_\_\_\_\_

Check \_\_\_\_\_ All Sport(s) Boys/Girls

Check \_\_\_\_\_ All Grade Levels (9<sup>th</sup>-12<sup>th</sup>)

Address: \_\_\_\_\_  
Number & Street City Zip

Home Phone#: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Hospital: \_\_\_\_\_

### II. Consent for Treatment:

In case of medical treatment and/or emergency treatment, a representative from the Athletic Department will try to contact the parent/guardian for permission and recommendations of care for their child. If school personnel are unable to contact me for my consent for medical care, I do hereby consent in advance to such medical care, including hospital care, as may be deemed necessary under the then existing circumstances.

### III. Authorization for Release of Health Information:

I hereby grant consent to the Sports Medicine Staff of Byron Center school district and the Center for Physical Rehabilitation to release protected health information pertaining to my fitness to participate in interscholastic athletic activities to athletic department administrators, coaches, and administrative staff responsible for assessing or approving my participation to the extent the information is needed for that purpose.

### IV. Acknowledgement:

I certify that I have read, understand and will abide by the terms of the Athletic Handbook.

Student-athlete's Printed Full Name: \_\_\_\_\_

Student-athlete's Signature: \_\_\_\_\_

I certify that I have read, understand and will ensure that my son/daughter will comply with the policies and terms as set forth in the Athletic Handbook. I therefore, give my permission for my son/daughter to participate in the Byron Center Public School Athletic Program.

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_