

**SCHOOL DISTRICT 129
MIDDLE SCHOOL ATHLETICS
PARENT PERMISSION FORM**

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PLEASE PRINT

FOR OFFICE USE ONLY
T-SHIRT SIZE _____
USER FEE PAID _____
PHYSICAL _____

NAME _____ ID NUMBER: _____

ADDRESS: _____

GRADE: _____ DATE OF BIRTH _____ ELEMENTARY SCHOOL _____

NAME OF PARENT/GUARDIAN: _____ HOME PHONE #: _____

To participate in sports: an athlete must have a physical that was completed within one calendar year of the sport season in progress: and pay a non-refundable user fee.

I give _____ consent to participate in the following sport:

(Fill-in the sport)

I UNDERSTAND THAT THROUGH PARTICIPATION IN THE ABOVE ACTIVITY, I AM RISKING THE POSSIBILITY OF SERIOUS INJURY AND ACCEPT THAT RISK. IN CASE OF AN ACCIDENT AND EMERGENCY MEDICAL ATTENTION IS NEEDED, I WOULD PREFER THAT ONE OF THE FOLLOWING DOCTORS BE CALLED:

1ST CHOICE _____ PHONE # _____

2ND CHOICE _____ PHONE # _____

EMERGENCY PARENT CONTACT # BEFORE 3:30 p.m. _____

EMERGENCY PARENT CONTACT # AFTER 3:30 p.m. _____

Student Signature

Parent/Guardian Signature

Signatures indicate that the student and parent/guardian have
received a copy of the *Eligibility Requirements and Code of Conduct*.