



CLARKSVILLE HIGH SCHOOL ATHLETIC DEPARTMENT

SUGGESTED WARNING AND PERMISSION STATEMENT

Student Name (Print)

Parent/Guardian Name (Print)

Address

Home Phone

Work Phone

City

State

Zip

EMERGENCY CONTACT

Person who may grant permission for emergency care if unable to contact parents.

Name

Phone

Name of Family Physician

Phone

WARNING

I give permission for my son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

Signature of Parent/Guardian

Date