Health Sciences Charter School

(Athletic Division of the Health Sciences Charter School)

Parent / Guardian Permission to Participate

This Permission to Participate Form must be completed, and signed by the parent or guardian for each student athlete (including drill squad, spirit squad, or cheerleaders) before participation in any Section VI athletic practice, game, activity, contest or event. The original must be on file in the school office.

I, the custodial parent/guardian of _____ _____
(Student) (Grade)

hereby grant him/her permission to be a candidate for _____
at the Health Sciences Charter School. (Print full name of sport above)

We recognize the necessity of a thorough conditioning period during the early part of the season to prepare athletes for competition, and to reduce possibilities of serious injuries. We understand that he/she will be expected to attend practice sessions and all athletic contests regularly as scheduled by the team coach and or Director of Athletics. Transportation will not be provided by the school after these practices or athletic contests and it is the responsibility of the parent / guardian to arrange. The athletic policy of the school expects any student-athlete to maintain an acceptable academic record that allows a maximum of one (1) class grade below 65% with the understanding that the grade below 65% not be in Physical Education. While it is strongly recommended that athletes be covered for injuries by their own accident insurance policy, a student will not be barred from participation without it. Student-athletes participating in the Athletic program at HSCS will complete the Held Harmless form prior to any active participation for any individual or team sports. The school does not carry an accident insurance policy on athletes, which, in the event of medical costs resulting from a student's accident, will not provide partial reimbursement and will not supplement the family's insurance coverage.

_____ _____
Name of Parent / Guardian Home Phone Number

_____ _____
Name of Emergency Contact Emergency Contact Phone Number

In case of emergency, I _____
(Parent / Guardian Printed Name)

Check the desired selection

[ ] Do **[ ]** Do not give permission for emergency treatment by a physician.

[ ] Coverage for injuries incurred in sports has been provided through a _____ policy.
(Name of insurance)

[ ] Permission is granted to participate without separate accident insurance coverage.

_____ _____
Parent/Guardian's Signature **Parent/Guardian's Printed Name**

_____ _____
Principal's Signature **Athletic Director's Signature**