



# Sports Permission Slip

## INJURY WARNINGS AND PARENTAL PERMISSION TO PARTICIPATE IN ATHLETICS AND BE TREATED IN CASE OF INJURY

ID # \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Sports: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Grade: \_\_\_\_\_

### WARNING STATEMENT

The affixed signature hereby acknowledges that there is the understanding that participation in athletics can cause serious injury, including, but not limited to, the risk of sprains, fractures, and ligaments, and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of limbs; brain damage; paralysis; or even death. The parents/guardians of the above athlete hereby acknowledge and understand that **Plumas Lake School District** may not provide transportation to all school sponsored activities. I hereby give my consent for my son/daughter to compete in athletics and give my permission for my child to ride as a passenger in a District owned bus/vehicle or a private vehicle as approved by the District. It is fully understood that Plumas lake School District is in no way responsible, nor does the district assume liability, for any injuries, property damage or wrongful death resulting from a non-district transportation vehicle or from participation in the activity itself. I understand that Plumas Elementary School District will not provide medical services, hospital services or accident insurance.

### RELEASE STATEMENT

In case of injury and no parent or guardian can be contacted, the athlete may be sent to a hospital in an emergency vehicle at parents expense, in case of medical emergency, illness, or injury; the supervisor has my express permission to take the athlete to a doctor or medical facility to receive emergency treatment.

I have health or accident insurance for my son/daughter I will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

Company name: \_\_\_\_\_ Group or Policy #: \_\_\_\_\_

I understand that if there is a major sports injury after this release is signed, that the athlete will have to produce a release form from a doctor indicating that the athlete can play his/her present sport. We acknowledge that we have read and understood the information in the injury warning section of this athletic clearance form.

### PARENT PERMISSION FOR TRAVEL TO AWAY GAMES

Name of sport: \_\_\_\_\_ Destination: See Schedule

\_\_\_\_\_ District-owned vehicle \_\_\_\_\_ Private vehicle

**Transportation:** Students must use the means of transportation checked above both to and from the event, unless written permission by parent or guardian is presented to the coach prior to the departure.

❖ Parents Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY INFORMATION

Person to contact if parents cannot be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's business phone: \_\_\_\_\_

Parents Cell Phones: \_\_\_\_\_