## Parental Consent Form for School Sports Team Tryouts

## **Student Information**

Student Name
Grade
Age
, igo
School Name
Parent/Guardian Information
Parent/Guardian Name
Contact Number
Email Address
Concept and Authorization
Consent and Authorization
Medical Conditions or Allergies
I, the undersigned, hereby give consent for my child to participate in school sports team tryouts and authorize emergency medical treatment if necessary.
Parent/Guardian Signature
Date