

Sports Participation Parent/Guardian Consent Form

Student Information

Student Name

Date of Birth

Grade

Parent/Guardian Information

Parent/Guardian Name

Contact Phone

Contact Email

Sport Information

Sport Name

Season

Medical Information

Medical Conditions/Allergies

Emergency Contact Name

Emergency Contact Phone

Consent

I, as the parent/guardian, give consent for my child to participate in the specified sport. I acknowledge and accept responsibility for medical treatment in the event of an emergency.

Parent/Guardian Signature

Date