

## 2008/2009 TROY MIDDLE SCHOOL INTERSCHOLASTIC ATHLETIC PERMISSION FORM

STUDENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

\_\_\_\_\_ GRADE: \_\_\_\_\_

Your son or daughter may not participate in any interscholastic athletic program unless this form is completed.

By signing below, you, as parent/guardian, are indicating you have read the following warning:

***"Any activity involving motion or height creates the possibility or serious injury, including permanent paralysis and even death from landing on the head or neck."***

Please complete the following:

Please Circle Your Response

	YES	NO
<p><b><u>MEDICAL EXAM</u></b></p> <p>Evidence of a "sport's" physical examination will be provided before participation.</p>	YES	NO
<p><b><u>TRANSPORTATION</u></b></p> <p>I grant permission for my child to ride in an authorized vehicle to and from athletic contests/practices with authorized school personnel and/or parent volunteers.</p>	YES	NO
<p><b><u>UNIFORM/EQUIPMENT</u></b></p> <p>I accept responsibility for athletic uniform/equipment. If it is lost, stolen, or damaged, I will make payment for replacement.</p>	YES	NO
<p><b><u>CONSENT TO BE PHOTGRAPHED</u></b></p> <p>I give my consent for the above named child to be photographed during contests and practices of school activities. I understand that these photographs may be shared with other members of the school community and used on the Troy internet web site.</p>	YES	NO
<p><b><u>INSURANCE</u></b></p> <p>Every athlete must be insured by either school insurance or family insurance:  <input type="checkbox"/> School Insurance  <input type="checkbox"/> Family Insurance _____  Name of Insurance Co.</p>	YES	NO

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date