



Team Sports Program – Grades 5/6/7/8 PARENT CONSENT FORM 2018-2019

- This *Parent Consent Form* and accompanying *Concussion Form* are due on the first day of practice for the sport selected. You may complete the form once for the entire year or fill it out at the beginning of each season. There is a \$100 fee per sport due by dates indicated below.
- For up-to-date game and practice schedule and venue locations, please go to www.steinerschool.org calendar.

Indicate one or more sport:

- Soccer (\$100 fee due 9/6/2018) Girls' Basketball (\$100 fee due 1/24/19)
 Volleyball (\$100 fee due 9/6/2018) Track (\$100 fee due 4/4/19)
 Boys' Basketball (\$100 fee due 11/1/18)

Student Name: _____ Grade: _____ Age: _____

I hereby give my consent for the above named student to engage in the Rudolf Steiner School of Ann Arbor team sports program. I understand the possibility that serious injury may result from participating in this activity. I further understand that it is highly recommended that the above student should have a physical exam before participating in this activity, and I take full responsibility to ensure that the student has had a physical exam by a M.D., D.O., Physician's Assistant or Nurse Practitioner.

Parent/Guardian Signature: _____ Date: _____

Phone: _____ (cell / home) Email: _____

IMPORTANT: Transportation of students to and from games is the responsibility of the parent(s). Students without pre-arranged transportation to and from a game will not play in that game.

Emergency Information _____

Emergency contact: 1. _____ Phone: _____

2. _____ Phone: _____

Family Doctor: _____ Phone: _____

Date of most recent physical: _____

Important medical information (including allergies, prior serious injuries, etc.): _____

If applicable, does this student carry an inhaler or an epi pen ?

Medical Treatment Consent _____

I recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the medical expenses of such care.

Parent/Guardian Signature: _____ Date: _____