

ATHLETIC RISK FORM

Name _____
(Last) (First) (Middle)

Street Address _____

City _____ State _____ Zip _____

The above address is located in the Cuthbertson school district.
Have you attended school in this district for at least one full school year? Yes No

Date of birth _____ Telephone number _____

Date entered 9th grade _____ Your grade level this year _____

Parental Consent for Athletic Participation

Warning: Participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any students will engage. Participation, however, includes a risk of injury which may range in severity from minor to longterm catastrophic. Although some injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk. Participants can and do have the responsibility to help reduce the chance of injury. Players must obey all safety rules and report all physical problems to their coaches, follow a proper conditioning program and inspect their equipment daily. By signing this permission form, you acknowledge that you have read and understand this warning. Parents or students who do not wish to accept the risks described in this warning should not sign this permission form.

I (we) hereby give consent for _____ to:

- 1) Compete in athletics at Cuthbertson High School in North Carolina High School Athletic Association approved sports except those crossed out below:

Baseball	Golf	Volleyball
Basketball	Soccer	Cheerleading
Softball	Wrestling	Cross Country
Tennis	Football	Track & Field

- 2) To accompany any school team of which the student is a member, on its local or out of town trip.

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

Signature(s) of parent(s)/guardian(s) _____ Date _____

Signature of student athlete _____ Date _____