

The Abraham Joshua Heschel School
Interscholastic Athletic Parental Consent Form

Name _____ Sport(s) _____
Address _____ Date of Birth _____
_____ Grade _____
Parent Name _____ Parent Name _____

PARENT CONSENT: I hereby give my consent for my child _____ to participate on the _____ sponsored by The Abraham Joshua Heschel School. I understand that interscholastic sports are a part of a broad extracurricular program designed to teach students certain skills and reinforce concepts of self worth, cooperative effort and ethical decision making. While the coaching staff and other responsible school officials will do everything within reason to protect my child against injury, including the provision for appropriate equipment, safe facilities and training designed to reduce the impact of accidents, I understand that injuries may occur and on a very rare occasion may be serious and disabling. I am also aware that athletic participation will involve travel and that all travel involves some risk of serious injury.

My child is required to attend all team practices and contests, and attendance at practices will be reflected in playing time in games and tournaments. I am aware that school equipment is issued to my child for participation. The equipment is my child's responsibility and must be returned promptly upon request. Reimbursement will be expected for loss or destruction beyond ordinary wear and tear.

My child has agreed to abide by the guidelines set by the Athletic Department. I also understand that it is necessary for my child to have an approved medical certificate for school competition on file in the school before trying out, practicing or competing in interscholastic athletic activities. I understand that in the event that my child becomes sick, or receives an injury during athletic participation, all reasonable efforts will be made to contact me and obtain any required consents for medical care. In situations where I cannot be contacted for specific consent to treatment, and such delay creates risk to my child's life or health, I hereby authorize the school representatives to obtain appropriate medical care and treatment for my child including temporary pain relief to the extent deemed medically appropriate by the treating physician. I also authorize the school representatives to receive, and to release, medical information regarding my son/daughter to the extent necessary for medical care. I also agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

PARENT SIGNATURE _____ DATE _____

STUDENT ATHLETE SIGNATURE _____ DATE _____