

Parent / Legal Guardian Permission Form
MSSD Athletic Department 2008-2009

STUDENT NAME

DATE OF BIRTH

SOCIAL SECURITY #

SCHOOL CLASS (Freshman-Senior)

I hereby give my consent for the above-named student to represent his/her school in athletic activities, and to accompany any school team of which he/she is member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree we/I will not hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel.

PLEASE INDICATE ALL SPORTS THAT APPLY:

(BLANK or NO means student is ineligible for that sport)

SUMMER TRAINING CAMP

	YES	NO
Football Camp	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball Camp	<input type="checkbox"/>	<input type="checkbox"/>

SPRING SPORTS

	YES	NO
Baseball	<input type="checkbox"/>	<input type="checkbox"/>
Girls Softball	<input type="checkbox"/>	<input type="checkbox"/>
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>

FALL SPORTS

	YES	NO
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>
Girls Volleyball	<input type="checkbox"/>	<input type="checkbox"/>

SPRING CLINICS

	YES	NO
Football	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>

WINTER SPORTS

	YES	NO
Boys Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>
Girls Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>

PARENTAL / EMERGENCY CONTACT INFORMATION: (please PRINT clearly)

STREET ADDRESS

CITY - STATE - ZIP CODE

() _____ **TTY, VP or VOICE**
HOME TELEPHONE

() _____
FAX NUMBER

E-MAIL ADDRESS

PAGER ADDRESS

NAME OF MOTHER / LEGAL GUARDIAN

WORK/CELL PHONE **TTY/VOICE**

NAME OF FATHER/LEGAL GUARDIAN

WORK/CELL PHONE **TTY/VOICE**

PARENT'S / LEGAL GUARDIAN'S SIGNATURE

DATE

THIS FORM MUST BE COMPLETED IN ALL DETAILS AND FILED IN THE OFFICE OF THE ATHLETIC DEPARTMENT BEFORE THE STUDENT WILL BE ALLOWED TO PRACTICE OR COMPETE IN ATHLETICS.