

San Manuel Jr./Sr. High School Parental Consent

"I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death." (Arizona Interscholastic Association)

"I/We the parents or legal guardians of _____ hereby give our consent for him/her to engage in interscholastic athletics during the current school year. We understand that the school district has no financial responsibility if accidents occur to students while taking part in athletics. We certify that our son/daughter is fully covered with the _____ company."

"I/We permit emergency medical care to be administered to our son/daughter in the event it is required, as deemed necessary by the San Manuel High School Coach, Administrator, or Athletic Trainer during athletic related activities. I/We understand that certain emergencies require immediate transportation to a hospital. I/We will allow the involved hospital and/or doctor to administer the required treatment for this condition."

"I/We have read and understand the training rules relating to the athletic department and understand the penalties that may be imposed for failure to comply with standards expected of athletes who represent San Manuel High School."

_____	_____	_____
Father's Signature	Mother's Signature	Date
Street Address _____	Home Phone _____	
Town _____	Business Phone _____	
In an emergency, if parents cannot be contacted:		
Notify _____	Phone _____	
Street Address _____	Town _____	