

# Permission to Participate in Athletics

I/we give my/our permission for \_\_\_\_\_  
(name of student) to participate in organized high school athletics, realizing that my/our child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis, or even death, which is inherent in all sports. 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.

I/we understand that, as a participant, the above-mentioned student will travel under coach's direction and authority from time of departure until return arrival.

I/we recognize that participation in the athletic program at Joel Barlow High School is a privilege and that all CIAC and school regulations as well as team rules must be adhered to for continued participation.

Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to my/our child named above which may result, I/we give my/our son/daughter consent to participate in organized athletics.

By signing below, you are giving your child permission to participate in organized athletics for the entire 2010-2011 academic year.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date