

Kannapolis City School Athletic Parental Permission Form

Please note that all boxes are required information. If you are currently uninsured please list that in the box titled "Name of Insurance Company" and move on the signature section. Please carefully read all information on the form, sign the form, and return the form to the athletic trainer prior to the season.

Name of Student (Please Print)		Name of Parent (Please Print)		
School	Grade	Street Address		
Date of Birth	Home Telephone	City	State	Zip
Please check all sports below that you intend on playing throughout the year.				
Baseball	Football	Softball	Volleyball	
Basketball	Golf	Swimming	Wrestling	
Cheerleading	Lacrosse	Tennis	Student Athletic Trainer	
Cross Country	Soccer	Track and Field	Student Manager	
Name of Insurance Company		Policy Number		Group Number
Street Address		City	State	Zip
Telephone Number		Name of the person Insured.		

Permission

I, the undersigned, give consent for the above named student to (1) represent his/her school in athletic activities, provided that the activities are approved by the North Carolina High School Athletic Association (NCHSAA); (2) to accompany any team of which he/she is a member of to any of its off campus and/or out of town trips.

Assumption of Risk

I understand that participation in high school athletics is an inherently dangerous activity, and that there is genuine and serious risk to anyone who engages in high school/middle school athletics. Due to the nature of the physical violence and collisions that are a part of high school/middle school athletics, I understand that the risk of serious physical injury, including catastrophic injury resulting in permanent paralysis, brain injury or death does exist. I knowingly assume responsibility for any and all such risks and any resulting injuries, including death. And I do hereby voluntarily choose to participate in this event in spite of the risks. I also agree not to hold Kannapolis City School's or anyone acting on its behalf responsible for any injury occurring while participating in athletic events.

Release of Medical Information

This is to authorize the Kannapolis City School's athletic trainers and physicians to obtain or release any medical information regarding my son or daughter concerning illness or injury relative to my past, present or future participation in athletics in the Kannapolis City School system.

Certification and Authorization

We, the undersigned, certify that all the information is accurate and correct, and authorize the Kannapolis City School's medical staff to seek appropriate medical care, and provide treatment for my son or daughter in the event that they are injured.

Student Signature	Date
Parent Signature	Date

Please return this form to either your coach or the Head Athletic Trainer. This form must be on file prior to participating in any practices or games for any of the above listed sports. This form must be complete each year.