

ACKNOWLEDGEMENT OF RISK AND CONSENT STATEMENT

I, a Union School District student-athlete and parent/guardian of a student-athlete understand that:

STUDENT	PARENT	
Initial	Initial	a. Participation in athletics includes a risk of injury which may range from minor to long-term catastrophic or death, and I acknowledge and accept these inherit risks.
Initial	Initial	b. I must refrain from practice or play while ill or injured until cleared by appropriate medical personnel and/or their designated representative (Certified Athletic Trainer) whether receiving medical treatment or not.
Initial	Initial	c. Having passed the sports participation physical examination does not necessarily mean that I am physically qualified to participate in athletics, but only that the examiner did not find a medical reason for disqualification from participation.
Parent only	Initial	d. I consent to have my son/daughter represent Union School District in approved athletic activities. I agree not to hold the school district or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of such athletic activities or travel.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, report all physical problems to the coach or Certified Athletic Trainer, follow a proper conditioning program, and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport, especially in contact/collision sports.

Parent/Guardian	/ /
	Date
Student-Athlete Signature	/ /
	Date