



Athletics Program Permission Slip

My child, _____, has permission to attend all practices and games for the sport selected below. Participation in these events is limited to students of The Rhoades School. I understand that it is each family's responsibility to arrange for transportation for off-campus athletic events.

- Sport: Co-ed Track & Field (Grades 4-8): February 26 - May 13
 Girls' Basketball (Grades 5-8): February 12 - May 16

Grade (check one): 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Parent/Guardian: Please check option 1 or option 2 to indicate the action desired in the event of an emergency.

Medical Authorization

1. _____ I understand that while the Student is participating in an athletics event, an emergency may develop which necessitates medical attention. The Rhoades School will attempt to contact me prior to such treatments. I hereby authorize the School, through its staff and faculty, to act in my place in my absence and to give such authorization. This authorization is intended to give the staff of the School the right to give consent to authorize medical treatment for the Student.

I represent that the Student is in good physical condition and I am not aware of any disease or injury that might be aggravated or result in the Student being incapacitated or injured during a middle school social event.

2. _____ I do not choose the above statement and desire the following action:

If it is necessary for my son/daughter to return early from an athletic event, either because of illness or behavior, I understand that I am responsible for picking up my child from the event location.

General Release and Indemnification

I understand that participation in athletics events is entirely voluntary. I agree that in partial consideration of the School sponsoring the athletics events and permitting the Student to participate, I will not attempt to hold the School, Nobel Learning Communities, Inc., and its or their respective officers, directors, employees, agents or volunteers liable in damages for any injury, death or loss to person or property sustained by the Student while participating in a athletics event. I have read this release, and understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions. By signing this form, I also agree for myself, my representatives and assigns, to release and hold harmless the Released Parties from any legal claim or liability for bodily injury and personal property damage that is caused to the Student while participating in an athletics event.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____ Emergency Phone Number: _____

Other Emergency Contacts

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____



2018-2019 Team Sports Application

Student Name: _____ Grade: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Parent/Legal Guardian Name: _____

Home #: _____ Cell #: _____ Work #: _____

Parent/Legal Guardian Email Address: _____

In case of emergency contact:

Contact #1 Name: _____ Contact #2 Name: _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

| | | | |
|---|---|---------------|--|
| <input type="checkbox"/> \$455 Co-Ed Track & Field (Feb. 26 - May 13) | <input type="checkbox"/> \$455 Girls' Basketball (Feb. 12 - May 16) | TOTAL: | |
|---|---|---------------|--|

SPORTS UNIFORMS

Check One: Male Female Preferred uniform number: _____

Youth size Adult size

T-shirt size: Small Medium Large X-Large 2X-Large

Short size: Small Medium Large X-Large 2X-Large

HEALTH AND MEDICAL INFORMAITON

Allergies: _____

Medical Conditions: _____

Medications: _____

Physician Name: _____ Phone: _____

Health Insurance Carrier: _____ Group Name: _____

Group #: _____ Family/Individual #: _____

Dentist Name: _____ Phone: _____

Dental Insurance Carrier: _____ Group Name: _____

Group #: _____ Family/Individual #: _____

Parent Signature: _____ Date: _____

| | | | |
|---------------------|---------|---------|---|
| FOR OFFICE USE ONLY | | | |
| PAYMENT RECEIVED: | CHECK#: | AMOUNT: | <input type="checkbox"/> REGISTERED <input type="checkbox"/> RECORDED |