



# 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 Cross Country (Sep. 10 - Nov. 4) - Grades 4-8  
 Girls Volleyball (Sep. 10 - Nov. 7) - Grades 5-8  
 Boys Basketball (Nov. 5 - Feb. 6) - Grades 5-8  
 Girls Basketball (Feb. 11 - May 14) - Grades 5-8  
 Co-ed Track & Field (Feb. 25 - May 14) - Grades 4-8

Grade (check one):  4<sup>th</sup> Grade  5<sup>th</sup> Grade  6<sup>th</sup> Grade  7<sup>th</sup> Grade  8<sup>th</sup> 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.

I understand that my child may be transported to games/practices via The Rhoades School van(s). I have read and recognize the policies and procedures set forth in the [Transportation Handbook](#).

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

### Other Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_



# 2019-2020 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"/> <b>\$455</b> Co-Ed Cross Country (Sep. 10 - Nov. 4)	<input type="checkbox"/> <b>\$455</b> Girls Volleyball (Sep. 10 - Nov. 7)	<input type="checkbox"/> <b>\$455</b> Boys Basketball (Nov. 5 - Feb. 6)	<input type="checkbox"/> <b>\$455</b> Girls Basketball (Feb. 11 - May 14)	<input type="checkbox"/> <b>\$455</b> Co-Ed Track & Field (Feb. 25 - May 14)
<b>TOTAL:</b>				

## 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