

Sports Activity Consent Form

This form must be completed and signed by a parent or guardian before a student may participate in any sports activities organized by the school.

Student Information

Student Name

Date of Birth

Grade/Class

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Emergency Contact Name & Number

Medical Information

Relevant Medical Conditions, Allergies, or Medications

Consent

☐ I acknowledge that participation in sports activities involves inherent risks, and I hereby consent to my child's participation.

☐ In case of emergency, I authorize the supervising staff to seek necessary medical treatment for my child.

Parent/Guardian Signature

Date

