

UNION COUNTY SCHOOLS – PANTHER ATHLETICS
CONSENT TO PARTICIPATE AND ACKNOWLEDGEMENT OF RISKS

I hereby consent to allow _____ to participate in the following sport(s) during the _____ school year. Circle all that apply.

Baseball	Basketball	Cheerleading	Cross Country	Swimming
Football	Golf	Soccer	Softball	Wrestling

I hereby acknowledge that participation in sports involves risks, which may include severe injuries involving paralysis, permanent mental disability or death, and that these injuries may occur in some instances as the result of unavoidable accidents.

I/We accept these risks in giving consent for _____ to participate in the designated activities.

Parent of Record (Printed Name)

Parent of Record Signature

MEDICAL RELEASE FORM

In the event that I cannot be reached and my daughter/son is injured and requires medical treatment, I authorize the Union County Coaching Staff to admit _____ for medical treatment.

Parent of Record (Printed Name)

Parent of Record Signature

INSURANCE INFORMATION

All student athletes must have health or accident insurance to participate in any Union County Schools' athletic program. If your student athlete is insured under a private insurance plan please provide the following information.

Name of Insurance Company – Policy Number

Parent/Guardian Signature

If your student athlete **is NOT insured** under a private insurance plan, you will need to purchase and provide evidence of an accident policy, at a minimum, for your student. The school system does offer parents the ability to purchase an accident policy through a school accident insurance provider or you may purchase insurance from any provider you choose.

All student athletes must have health or accident insurance to participate in a sport.