

CHESTERFIELD COUNTY PUBLIC SCHOOLS HIGH SCHOOL INTERSCHOLASTIC ATHLETICS

ATHLETIC ACTIVITIES: (check all applicable sports)

<input type="checkbox"/> Cross Country	<input type="checkbox"/> Football	<input type="checkbox"/> Soccer	<input type="checkbox"/> Field Hockey
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Golf	<input type="checkbox"/> Softball
<input type="checkbox"/> Wrestling	<input type="checkbox"/> Tennis	<input type="checkbox"/> Basketball	<input type="checkbox"/> Indoor Track
<input type="checkbox"/> Outdoor Track	<input type="checkbox"/> Baseball	<input type="checkbox"/> Weight Lifting	
<input type="checkbox"/> Other: _____			

STUDENT

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well-being. I understand the dangers and risks of playing or practicing to play/participate in the above sport(s) may result not only in serious injury but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

Date _____, 20____ _____
Signature of Student

(The following is to be completed only if the sport is football, wrestling, gymnastics, or baseball.)

I specifically acknowledge _____ is a violent contact sport involving even greater risk of injury than other sports. _____(student initials)

PARENT/GUARDIAN

I, _____ am the parent/legal guardian of _____ (student). I have read the above warning and understand its terms. I understand that all sports can involve many RISKS OF INJURY, including, but not limited to those risks outlined above and knowingly and voluntarily assume all risk of such injury.

I hereby consent for my child/ward to try out for the sport(s) marked above at Thomas Dale High School and to engage in all activities related to the sport(s), including, but not limited to trying out, practicing, or playing/participating in the sport(s).

I hereby waive and release Chesterfield County Public Schools, their employees and agents from any liability for any injury to my child/ward resulting from all activities related to the sport(s) named above. I will be financially responsible for any medical treatment resulting from any injury which occurs while my child/ward is engaging in all activities related to the sport(s) named above, including but not limited to trying out, practicing, or playing/participating.

Date _____, 20____ _____
Signature of Student

(The following is to be completed only if the sport is football, wrestling, gymnastics, or baseball.)

I specifically acknowledge _____ is a violent contact sport involving even greater risk of injury than other sports. _____(parent/guardian initials)