

PARENT CONSENT FORM for STUDENT ACTIVITY/ ATHLETIC PARTICIPATION

2023-24

STUDE	NT NAMI	E:					
Last			First	First			
DATE (OF BIRTH	I:					
Month	/	/ Year	_ CM IH K School (circle or	P TG W	Grade	_	
PAREN	T PERMI	ISSION ANI	O RELEASE:				
Extracu	ırricular a	thletic sport	or activity:				
includir includir I under	ng the risk ng death. stand that	of fractures	, brain injuries, par de transportation h	ralysis, and	other catastrop	· · · · ·	
Parent/G	uardian sigr	nature			Date		
Contact number				Secondary contact number			
***Pleaso	e return this	form to the bu	ilding coach or sponso	r.			
***Note: form.	any extracu	rricular <u>contac</u>	<u>ct</u> activity <u>or</u> athletic pa	articipant will	need to complete	a concussion signature	

***Note: there may be an additional building activity/athletic form required your student's building coach/sponsor.