



STUART HALL SCHOOL *for BOYS*

Where Good Boys Become Great Men

2017/2018 ATHLETIC PARTICIPATION PARENTAL PERMISSION FORM

This form must be completed and signed each year prior to a student's participation in an interscholastic and/or intramural athletic contest and shall be kept on file with the school.

Student Name _____
Last Name First Name Middle

Home address _____

City, State, Zip _____

Date of most recent physical exam _____ Date of Birth _____

I hereby give my consent and approval for the student named on this form to participate in any of the following sports:

BASEBALL BASKETBALL CROSS COUNTRY FLAG FOOTBALL
GOLF SOCCER SWIMMING TENNIS

Further, I hereby give my permission for my son to undergo medical treatment for any injury or illness he may sustain or acquire while engaged in athletics. I understand that the medical personnel, athletic trainer, nurses, first responders, and physicians, will perform only those procedures which are within their training, credentialing, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that within a reasonable period of time, if I cannot be contacted, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

I am aware that if I have any questions regarding this release form, my questions will be addressed quickly and efficiently to my satisfaction by the Athletics Director or the Assistant Head of School.

Having understood the above agreement, I freely sign this Permission Agreement.

Date Signature of Legal Guardian

Printed Name of Legal Guardian