



Sutton PTA and Intramural Sports

Permission Slip

Permission Slip & Insurance Information

Warning: By its nature, participation in athletics includes a risk of injury which may range in severity from minor to long term catastrophic. Although serious injuries are not common in supervised athletic programs, it is possible to only minimize, not eliminate this risk.

Participants have the responsibility to help reduce the chance of injury. Players must obey all safety rules and report any and all physical problems to their coaches.

By signing this Permission Form, we acknowledge that we have read and understand this warning. We agree to assume all risks associated with athletic participation and hold harmless the Sutton Middle School PTA and its representatives for all liabilities or claims for injury.

I hereby give consent for my child or ward, _____, to participate in the Sutton PTA Sports Program. Should at any time I desire said student to refrain from participating, I will notify the head coach.

Parent or Guardian Signature: _____

Date: _____

Parents' Telephone Numbers: Home: _____ Mom Cell: _____

Dad Cell: _____

Emergency Contact other than Parent Name & Phone: _____

My Child already has a medical form on file. Name of Sport: _____

SEE OTHER SIDE OF FORM TO COMPLETE INSURANCE INFORMATION

Insurance Information (Check A or B):

Option A: _____ (a current copy of card is necessary to participate)

We have Private Insurance: Name of Insurance Company _____

Policy Number _____ & Group Number _____

Option B: _____

We do not have private medical insurance; however, it is my wish that my child/ward participate in the Sutton PTA Sports Program. We agree to assume all medical risks for injuries which may occur from athletic participation.

Parent or Guardian Signature: _____

Date: _____

Email Address: _____

Allergies: _____

Medical Conditions: _____

TRANSPORTATION RELEASE: (If necessary to away games)

I, _____, parent or legal guardian of _____,

a minor child, hereby authorize a volunteer adult, teacher, administrator or coach to transport my child to off-campus Sutton sporting activities. In signing this, I release and discharge Sutton Middle School or its authorized representatives, PTA and members or coaches, APS, any volunteer/parent/guardian driver from liability of any kind. Furthermore, in the event of an accident, I hereby grant permission to said representative to administer necessary first aid and/or to take applicant to the nearest medical facility for additional treatment (Medical Release must accompany this form). I understand it is my duty to keep all contact information current and on file with the coach/teacher.

Parent or Guardian (signature)

Parent or Guardian (Please print)

Please list anyone NOT AUTHORIZED to transport your child: