



**ATHLETIC DEPARTMENT SEASONAL CONSENT FORM
LEGACY HIGH SCHOOL**

Please complete on line or submit to the front desk at Legacy High School

Name: _____ Sport(s): _____

Address: _____

Parent(s): _____

Email Address: _____ Cell Phone: _____

I hereby give permission for my son/daughter to participate in the sports program (circle all that apply) Soccer Basketball Softball Field and Track sponsored by The Child School/Legacy High School. I understand that participation in this sport may involve strenuous physical activity and bodily contact, and consequently may cause serious injury.

Permissions is hereby granted to the attending physician to proceed with medical attention that may be needed. I understand that the attending physician will make every effort to attempt to contact me before proceeding. If said physician is not able to communicate with me, the treatment necessary, for the above named student, may be given. In the event an emergency arises during a practice session an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the school nurse or coach in charge to provide the needed emergency treatment to the athlete.

I also agree to inform the school of any changes in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

Parent or Guardian Signature

Date

The Child School/Legacy High School provides transportation for away games. It is sometimes easier and faster for teams to take public transportation. Some students may wish to go home directly form the field or school we are visiting. Pleas indicate the schools and fields that you child has permission to go directly home from.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

THE MEDICAL WAVER AND MEDICAL SPORTS FORM MUST BE ON FILE