GW Long High School

**2024**

Athletic Participation Parental Consent Form

We, the undersigned agree to the following information and understand it fully:

 I. The school agrees to provide:

 a. Supervision

 b. Instruction

 c. Safety Promotion

 d. Encourage Good Sportsmanship

 e. Transportation

 II. To abide by all school rules and school board policies regarding behavior and safety.

 III. We understand that participation in athletics may cause serious injury and/or death.

 IV. I, the undersigned parent/guardian, give my child permission to participate in athletics, to ride to and from athletic contests on a GW Long School Bus, and to receive medical treatment in the event of injury or sickness.

 V. I, have included a copy of my current insurance card on DragonflyMax, the information will be used to ensure my child will be covered.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Participant’s Signature* Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian’s Signature* Date

 Emergency Contact Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone No:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2nd Contact Name Phone No:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian’s Signature* Date