

GREEN MOUNTAIN UNION HIGH SCHOOL  
STUDENT AND PARENT CONSENT FORM

Complete Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This application to participate in athletics at Green Mountain Union High School is voluntary on my part and is made with the understanding that I will abide by all rules set up by the Athletic Handbook and the coach of my sport.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

PARENT OR GUARDIAN CONSENT

I hereby give my consent for the above high school student to engage in interscholastic athletics at Green Mountain Union High School during the current school year. I understand that my son/daughter will be expected to adhere firmly to all established athletic policies. I also understand and assume there is always potential risk of injury to our child while participating in athletics.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT

In emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

or \_\_\_\_\_ Phone \_\_\_\_\_.

I, \_\_\_\_\_, the parent or guardian of

\_\_\_\_\_ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that the school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance. Please make the following notations on my son/daughter's record:

Allergies to medications \_\_\_\_\_

Relevant medical information \_\_\_\_\_

Date \_\_\_\_\_ Grade of Athlete \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Certificate # \_\_\_\_\_

Please indicate all sports your son/daughter will participate in throughout the school year: