

PERMISSION TO PARTICIPATE

As a parent or legal guardian, I authorize and give my permission for my son/daughter, _____, grade _____, to participate in the Brown City Athletic Program.

I also authorize and give my permission for my son/daughter to be medically treated for an emergency at the discretion of the coach or school official.

The Brown City Community Schools DOES NOT ASSUME RESPONSIBILITY relative to Doctor, Ambulance or Medical Expense. Athletics are a voluntary extra-curricular program in which the STUDENT may participate in if he/she so desires but does so at their own risk of injury.

As the undersigned, I hereby acknowledge, on this date, that I have received, reviewed, understand and support the rules, guidelines and punitive actions for violations of the rules and guidelines as set forth in the Brown City Athletic Code.

Signature of Brown City Athlete _____ Date _____

Signature of Brown City parent or Guardian _____ Date _____

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students.

Signature of Brown City parent or Guardian

Date

*MUST BE SIGNED AND RETURNED TO THE BROWN CITY ATHLETIC OFFICE PRIOR TO THE FIRST SCHEDULED CONTEST.

**UPON SIGNING, THE ATHLETIC POLICY WILL BE IN EFFECT YEAR ROUND (IN SEASON/OUT OF SEASON) UNTIL CONCLUSION OF SENIOR CONTESTS.

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