Appendix One Student-Athlete Risk Acknowledgement and Consent to Participate

Note: The Student-Athlete must personally fill in all blanks. Print Clearly.

Name Date of Birth
I wish to participate in the sport of
and I discussed these risks with the athletic director, my coach, and the sports medicine providers in a meeting
on (Date) They explained to me that because of this condition the special risks for
me are as follows:
List all concerns: If you need more room, write on the back of this form. Write legibly.
Understand these concerns and agree to follow all directions and recommendations of my physicians and the sports medicine providers in this program. I also agree to accept these additional risks to me as a part of my participation in this program.
Date
Signature

DO NOT SIGN THIS IF YOU HAVE ANY QUESTIONS OR CONCERNS:**For athletes with pre-existing conditions that increase risks of injury/illness.
If this section does not apply to you write "not applicable" in the first space.

Appendix Two Parent(s)/Guardian(s) Risk Acknowledgement and Consent to Participate

Note: The parent(s)/guardian(s) must fill in all the blanks. Print clearly.

Student-Athlete's Name	_ Date of Birth _	
My/our child wish(es) to participate in the Forestville Central School sports program duthere are risks involved in this participation a session on where these risks meeting/session was run by risk video and had an opportunity to have all that the risks include a full range of injuries, to possibility that my/our child might die, become serious, permanent injury as a result of participate that neither the protective equipment and participate that neither the sport, the coaching instruct provided to athletes will guarantee safety or pagree to accept these risks as a condition of meeting and I/we discussed these risk sports medicine provider(s) in a meeting on	nd attended a group were discussed and We was our questions answard minor to sever ne paralyzed, or sufficient in this sport liding used in the sport ion received, nor the prevent all injuries to the property our child's particular particular condition)	season. I/we realize that p meeting or an individual explained. The atched the athletic injury rered. I/we understand re. I/we recognize the ffer brain damage or other its program. I/we realize fort, the safety rules and re sports medicine care they might sustain. I/we repation in this program.
They explained to me/us that, be my/our child are:	cause of this condit	ion, the special risks for
(List all concerns. If you need more room, wr	ite on the back of th	nis form. <u>Write legibly.</u>)
I/we understand these concerns and agree to my/our physicians and sports medicine provi accept these additional risks as a part of my/o	ders in this progran	n. I/we also agree to
Date		
Signature		

DO NOT SIGN THIS FORM IF YOU HAVE ANY QUESTIONS OR CONCERNS!

^{**}For athletes with pre-existing conditions that increase risk of injury/illness. If this section does not apply to you, write "not applicable" in the first space.

Appendix Three Student-Athlete and Parent(s)/Guardian(s) Consent Form

Name	Grade	e9 th grade	9 th grade entry date	
(last)	(first)	<u> </u>	•	
Address	· · · · · · · · · · · · · · · · · · ·	Grade9 th grade entry date Phone		
(street, city	, state, zip)			
Date of Birth	Age _	Height	Weight	
Team trying out for_				
If I am accepted on the listed below. I realize disciplinary action.	U 1	- v	l training regulations as rules may result in	
	S	tudent-Athlete's S	ignature	
who do not participate outlines those standade Handbook & District program at Forestvil student-athletes have interscholastic comportant carries the responsible handbook.	rds. All rules and records and records of Conduct relationships and records are the privilege of receition. Along with	regulations of the nust also be abided as a voluntary progresenting their so this privilege, the	MS/HS Student d by. The athletic ram wherein chool in e student-athlete	
	Parent(s)/Gu	ardian(s) Consent		
We have read the ter	\ /	()	this form and are in	
agreement with then				
to play			at Forestville Central	
Schools during the y	ear	W	at Forestville Central Ve understand that	
participating in athle district's insurance h	etic activities implie	es the risk of injury	y and that the school	
	Parant	x(s) or Guardian(s)	Signature	