

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 _____ in the Forestville sports program during the (Year) _____ season. I realize that there are risks involved in my participation and attended a group meeting on (Date) _____ where these risks were discussed and explained. This meeting was run by Mr. Hazelton. We watched the sports injury risk video, listened to presentations by administrators, coaches, and/or sports medicine experts and had an opportunity to have all our questions answered. I understand that the risks include a full range of injuries, from minor to severe. I recognize the possibility that I might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of my participation in this sports program. I realize that neither the protective equipment and padding used in the sport, the safety rules and procedures of the sport, the coaching instruction I receive nor the sports medicine care I am provided will guarantee my safety or prevent all injuries I might sustain. I agree to accept these risks as a condition of my participation.

I also realize the my (Condition) _____ creates an additional risk for me, 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 sport of _____ in the Forestville Central School sports program during the _____ season. I/we realize that there are risks involved in this participation and attended a group meeting or an individual session on _____ where these risks were discussed and explained. The meeting/session was run by _____. We watched the athletic injury risk video and had an opportunity to have all our questions answered. I/we understand that the risks include a full range of injuries, from minor to severe. I/we recognize the possibility that my/our child might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of participation in this sports program. I/we realize that neither the protective equipment and padding used in the sport, the safety rules and procedures of the sport, the coaching instruction received, nor the sports medicine care provided to athletes will guarantee safety or prevent all injuries they might sustain. I/we agree to accept these risks as a condition of my/our child's participation in this program.

**I/we also realize that my/our child's (condition)_____ creates additional risk, and I/we discussed these risks with the Athletic Director, coach, and the sports medicine provider(s) in a meeting on _____. They explained to me/us that, because of this condition, the special risks for my/our child are:

(List all concerns. If you need more room, write on the back of this form. Write legibly.)

I/we understand these concerns and agree to follow all directions and recommendations of my/our physicians and sports medicine providers in this program. I/we also agree to accept these additional risks as a part of my/our child's participation in the program.

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.

