

Lafayette Parish Middle School

Athletic Participation/Parental Permission Form

This form must be completed and signed each year prior to a student's participation in an athletic contest and shall be kept on file with the school.

(To be completed and signed by Parent/Guardian)

PLEASE PRINT

Name: (Last, First, Middle) _____ School Year: _____

Home Address: _____ Parents' Home Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Date of Birth: _____ Date of Last Physical Exam: _____

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for the student named on this form to participate in any of the following sports: (Circle the sport or sports your child is allowed to participate in.)

BASKETBALL
FOOTBALL

SOCCER
CHEERLEADING

TRACK AND FIELD
VOLLEYBALL

I certify the preceding information is correct.

Date: _____ Parent's Signature: _____

(Print Name) _____

Telephone No: () _____

E-Mail _____