



THE BROWNING SCHOOL

INTERSCHOLASTIC ATHLETIC PARENTAL CONSENT FORM

Student Name _____ Team _____

Address _____ Date of Birth _____ Grade _____

Mother's Name _____ Daytime Phone# _____

Father's Name _____ Daytime Phone # _____

Emergency Contact: _____ Phone # _____

Medical Conditions _____

Parent Consent:

I hereby give my consent for my son, _____, to participate in the activity listed above, sponsored by The Browning School. I understand that interscholastic sports are part of a broad extracurricular program designed to teach students certain skills and reinforce concepts of self worth, cooperative effort, and ethical decision-making. While the coaching staff and other responsible school officials will do everything within reason to protect my child against injury, including the provision for appropriate equipment, safe facilities, and training designed to reduce the impact of accidents, I understand that injuries may occur and, on a very rare occasion, may be serious and disabling. I understand that my son must have an approved medical certificate for competition, on file in the school, or he will not be permitted to participate. I also understand that in the event that my child becomes sick or is injured during athletic participation, all reasonable efforts will be made to contact me and obtain any required consent for medical care. In situations where I cannot be contacted for specific consent to treatment and such delay creates a risk to my child's life or health, the school representatives will use the authority I grant you by this form to obtain appropriate medical care and treatment for my child. I also agree to inform the school, in writing, of any change in my child's medical or physical condition that develops or is discovered at any time after this document is signed.

Terms of Team Participation:

- I understand that my son is required to attend all team practices. Attendance and performance at practice will be reflected in his playing time in games and tournaments.
- My son is responsible for informing the coach, in advance, of circumstances that prevent him from attending any practice. Coaches may require a note from a parent or doctor in certain situations.
- I am aware that school equipment is issued to my son for participation. It is his responsibility to care for and return equipment promptly upon request.
- Reimbursement will be expected for loss or destruction of Browning's uniforms and equipment beyond ordinary wear and tear.
- My son is expected to respect all teammates, opponents, officials, and coaches. He will represent the school in a responsible manner.

PLEASE INITIAL ONE OPTION BELOW AND SIGN

___ I GIVE MY SON PERMISSION TO LEAVE PRACTICE/GAMES/ OR THE BUS RIDE BACK TO BROWNING ON HIS OWN AT HIS DISCRETION

___ I DO NOT GIVE MY SON PERMISSION TO LEAVE PRACTICE/GAMES/ OR THE BUS RIDE BACK TO BROWNING, AND REQUEST THAT HE RETURN TO SCHOOL EVERY DAY.

___ I WILL EMAIL OR SEND A NOTE IN EACH DAY AS I SEE FIT FOR MY SON TO LEAVE PRACTICE/GAMES/ OR THE BUS RIDE BACK TO BROWNING ON HIS OWN

Parent Signature _____ Date _____