

INTERSCHOLASTIC ATHLETICS
Raymond School District

STUDENT PERMISSION FORM

I hereby give my consent for: _____ whose date of birth is _____
(Student's Full Name) (mm/dd/yyyy)

to compete for Raymond School District in New Hampshire Interscholastic Sports and to go on sports trips with the coach or other representative of the school.

School authorities will exercise reasonable precaution to avoid injury but must assume no financial or moral obligation to pay for any injury that may occur. **If** covered by a home policy, please list below the company and policy number of your insurance policy:

Home Insurance Agency Name: _____ Policy # _____

(Parent Signature)

(Date)

THE UNDERSIGNED AGREES TO BE RESPONSIBLE FOR THE SAFE RETURN OF ALL ATHLETIC EQUIPMENT ISSUED BY THE SCHOOL TO THE ABOVE NAMED STUDENT WITHIN ONE WEEK FROM THE LAST CONTEST OF THE SEASON.

I HAVE READ AND UNDERSTAND THE RAYMOND SCHOOL DISTRICT ATHLETIC HANDBOOK. I REALIZE MY SELECTION TO THE TEAM IS BASED UPON MY ACADEMIC STANDING AS WELL AS MY ATTITUDE, DAILY SCHOOL CONDUCT AND COOPERATION WITH TEACHERS AND MY FELLOW STUDENTS. AS A TEAM PLAYER I REALIZE MY RESPONSIBILITY AS A SCHOOL CITIZEN AND WILL PRACTICE GOOD SPORTSMANSHIP.

I HAVE RECEIVED THE CONCUSSION FACT SHEET AND AM AWARE OF THE RULES AND REGULATIONS FOR ATHLETIC PARTICIPATION.

(Student Signature)

(Date)

(Parent Signature)

(Date)