Permission & Acknowledgement of Risk to Participate in Athletics

Student Name: _____

As a parent/legal guardian of the above named student-athlete.

I give permission to his/her participation in athletic events and the physical evaluation for that participation.

I understand that this is simply a screening evaluation and not a substitute for regular health care.

I grant permission for treatments, including medical or surgical treatment that is recommended by a medical doctor.

I grant permission to nurses, trainers, and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information

I know that the risk of injury to my student comes with participation in sports and during travel to/from play and practice

I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by sme other means.

My signature indicated that to the best of my knowledge, my answers to the above questions are complete and correct.

I understand that the data acquired during these evaluations may be used for research purposes.

Signature of athlete: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Paul Knox Middle School - Liability Agreement

_____ (student name) has my permission to participate in the Paul Knox Middle School Cheerleading Clinic and Tryouts from April 18th - 21st.

I understand that, although the coaches will be with the students and every effort will be taken to provide for the student's safety, the advisor cannot be personally responsible or liable for any aspect of the clinic or tryout. I absolve the coaches, the school, and ther Board of Education of all legal and financial responsibility in connection with the activity.

Signature of Parent/Guardian: _____ Date: _____

Emergency Phone Number 1: _____

Emergency Phone Number 2: _____

Please list any known physical problems of which the coach needs o be aware to ensure the safety of the student.

Please flip over to complete form

Parent/Student Approval Form

Grade that the student will be entering for the 2023 - 2024 school year _____

I have read the Cheerleading Rules & Regulations (posted on the PK Cheer website for viewing) carefully, and I will abide by these to the best of my ability. I promise to uphold the high standards of my school and at all time conduct myself in a way that will always be a credit to Paul Knox Middle School.

Student Signature _____ Date _____

_____ (student name) has my permission to participate as a member of the Paul Knox Middle School Cheer Squad. I have read the Cheerleading Rules & Regulations and acknowledge the regulations set forth in it.

Parent/Guardian Signature _____ Date _____

Insurance Release

Each cheerleader must be covered by either the school accident insurance policy or a family accident insurance policy. Please indicate the cheerleader's insurance coverage for he 2023 - 2024 school year.

Insurance Company: _____

Policy Number: _____

Student Name: _____

Parent/Guardian Signature _____

Date _____

Please flip over to complete form