ALBUQUERQUE PUBLIC SCHOOLS ATHLETIC PARTICIPATION CONSENT FORM

COMPLETE FORM IN BLUE/BLACK INK ONLY		
Student Name	School Year	Grade
Sport(s)		
Parent/Legal Guardian: Read the following statements concer interscholastic athletic program. A parent/legal guardian is re- initialing after each section.		
Acknowledgement of Injury Risk: I, the parent/legal guardian, participation in interscholastic athletics involves a risk of serious	and permanent injury to a st	udent. We understand and
acknowledge the danger of these severe injuries as inherent in t	the physical activity/contact in	n all sports. Initial
<u>Consent to Participate:</u> I, the parent/legal guardian, give consent for the named student to participate in APS interscholastic athletics as provided by APS and represent the school listed below as a team member in accordance with the policies and		
conditions set forth by the school district, school administration	and coaches.	Initial
Name of School		
List any sports that consent to participate is <u>not</u> given for the na	amed student	
Financial Responsibility for Medical Care: It is agreed financial between the parent/legal guardian and the health care provider for the treatment of the named student.		
nsurance: Accident and health insurance is a requirement, prior to tryout, practice or participation in interscholastic athlen nsurance can be purchased from a private carrier or from a carrier contracted through APS at a nominal rate. Please cont		
your school for the application.		Initial
Physical Examinations: Physical exams are required by the New who wish to participate in tryouts, practices and events. The ph following school year. Athletic physical exams dated prior to Ap starting date for sports in the following school year.	ysical exam must be dated Ap	oril 1 or later for it to be valid for the
Notification of Injuries: Information concerning the care, dispo student's high school athletic trainer, school athletic director, tr as applicable and on a need to know basis for the time the stude third party by school health care providers may only occur with	eating physician, team physici ent is participating at the scho	ian, school nurse and/or team coach ol. Information released to a
Transportation Responsibilities: It is agreed that the parent/leg the personal safety and action of the named student while trave provided by APS. When transportation is provided by APS, polic and games. Any exceptions must be arranged with and approve to departure and in accordance with established travel policies.	eling to and from practices and cy requires students use such t ed by the school athletic direct	d games when transportation is not transportation to and from practices

I, the parent/legal guardian, and the student have completely read	, fully understand and voluntarily accept and agree with all of
the above terms and conditions.	

Parent/Legal Guardian Signature

Date

Relationship