

Consent to Participate

Dear Crystal River Middle School Parent/Guardian,

This message is to let you know _____ has started Athletic Clearance process to participate in Interscholastic Athletics for Crystal River Middle School. The final step in this process required parent and student signatures in agreement of the consent to participate. Please read, sign, and return to Athletic Office along with your completed physical forms.

I hereby give my consent for _____, hereafter named student, to compete in all athletics at Crystal River Middle School. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable. This authorization shall remain effective until 365 days from the date signed below, unless sooner revoked in writing and delivered to the school.

**If you do not want your student to participate in a particular sport/activity, please check below.
Only mark the sport/activity you do not give permission for your student to participate in.**

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Basketball, Girls | <input type="checkbox"/> Cross Country, Girls | <input type="checkbox"/> Golf, Girls | <input type="checkbox"/> Track & Field, Girls |
| <input type="checkbox"/> Basketball, Boys | <input type="checkbox"/> FFA | <input type="checkbox"/> Tennis, Boys | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football | <input type="checkbox"/> Tennis, Girls | <input type="checkbox"/> Auxiliary Marching |
| <input type="checkbox"/> Cross Country, Boys | <input type="checkbox"/> Golf, Boys | <input type="checkbox"/> Track & Field, Boys | |

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

Thank you,

Crystal River Middle School
Athletic Department