

PARENTAL PERMISSION SLIP

I give my consent and approval to the participation of my son/daughter in the interscholastic athletic program at The Ellison School. I am aware and acknowledge that physical hazards, resulting in bodily injury, may be encountered during his/her participation .

I will not hold The Ellison School, the administrative staff, or the coaching staff responsible in the case of an accident or injury as a result of his/her participation.

I also pledge his/her compliance to all of the interscholastic athletic program rules and regulations set by The Ellison School.

Participant

Parent/Guardian:

MEDICAL PERMISSION FORM

I have examined _____ and find him/her physically capable of participating in _____ during the 2008 season.

Height _____ Weight _____ Class _____

Date of Examination _____

Signature of Physician