

DIOCESAN MIDDLE SCHOOL ATHLETIC ASSOCIATION

PARENT(S) OR GUARDIAN(S) PERMISSION AND INFORMED CONSENT

School _____

I hereby give my consent to the student whose name appears on this physical form to represent his/her school in interscholastic activities, except those activities crossed out on the form by the examining physician. I also give my consent for him/her to accompany the team as a member on its out-of-town trips, and I will not hold the school or DMSAA responsible in case of accidents or injuries.

Student athletes should be aware of the possibility of injury when participating in athletics. Therefore, all students and parents must read the *Informed Consent* below and sign their names to the statement.

I approve and hereby grant permission for my son/daughter to participate in interscholastic athletics under the above conditions. I also give my consent for the information contained within these Diocesan forms to be shared with all those who work with my son/daughter.

*I realized there is an inherent risk of injuries in all sports for my child, _____.
I understand the risk of injury may be severe, including risk of fractures, brain injuries, paralysis, or even death.*

It is my responsibility as parent/guardian to provided primary insurance coverage.

Signature of Parent or Guardian

Signature of Student

NOTE: The Diocesan Middle School Athletic Association (DMSAA) requires that his form be completed and filed in the office of the principal before the student is allowed to practice and/or compete.