



2024-2025 Athletics Parental Consent Form

NOTE: This form is required to be completed each Season. This must be SIGNED 30 DAYS OR LESS before practice/tryouts begin.

Student Name	Grade	Date of Birth	Team/Sport
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A Parent/Guardian must read and SIGN next to the following statements.

1. I, the parent/guardian of the student named above, hereby give permission for my child to try out for the team indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child's participation in this activity is purely voluntary. However, if selected, I understand that my child will be required to attend regularly scheduled practices and competitions.	<i>SIGNATURE</i>
2. I understand that my child will meet all MLS practice and participation requirements	
3. I understand that my child is responsible for her/his behavior at all time and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team.	
4. I understand that it is necessary for my child to have an approved medical certificate for school competition on file in the school before trying out, practicing or competing in interscholastic athletic activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed	
5. I understand that with the participation in sports comes the risk of injury, particularly with contact sports. Such injuries may include, but not be limited to, concussions, COVID-19, sudden cardiac arrest and injury to bones, neck, spine, or internal organs. I understand the risks involved and expressly agree to accept all the risks existing in the sport in which my child will be participating	
6. I have accessed the Concussion Information Sheets, Sudden Cardiac Arrest Information Sheet, and am aware of COVID-19 information. I agree to thoroughly read through the information sheets and MLS COVID protocols and requirements. I will report to the school within 24 hours if there is any change in my child's medical condition. I understand that COVID-19 information and policy is subject to change based on NYC/SDOH updated health information related to COVID-19.	
7. I agree that in the event of injury or illness, the staff member in charge of the team may act on my behalf and at my expense in obtaining medical treatment for my child. I hereby authorize the school representatives to act on my behalf with respect to any required medical treatment decisions and consents, until such time I am able to provide these items. Notice is hereby given to any qualified medical personnel that this authorization is currently in effect, and such personnel are directed to act upon such authorization without delay.	
8. I agree to be responsible for the return of all equipment issued by the school to my child and if any equipment issued is not returned, I shall reimburse the school for its replacement value.	

9. I hereby give permission for my child's photograph and information about my child's performance in activities, together with my child's name, school and grade level to be put on the school website, in accordance with the policies set forth in the MLS' Internet Acceptable Use Policy	
10. I understand that the information to be posted does not include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personally identifiable information such as my child's address, phone number, or social security number	
11. I hereby give permission for my child to be interviewed, videotaped and/or photographed by the media as it pertains to MLS athletic contests. I also hereby release the Martin Luther School, and its agents and employees, from all claims demands, liabilities whatsoever in connections with the above	
12. I understand and give permission for my child to travel unaccompanied to practice locations or accompanied on MLS approved bus/van to and from all scheduled competition/possible practices.	
13. I understand my child may not drive to practice unless written permission has been submitted to the athletic director from the parent/guardian. My child is not permitted to drive others.	
14. I understand my child is prohibited from leaving school grounds after dismissal while waiting for practice or competition without my written consent and knowledge of their coach. If I give consent I hereby release MLS from any responsibility during that time	
15. I hereby release, discharge, the Martin Luther School, and their employees of all claims, demands or causes of action which are in any way connected with my child's participation in this activity, except if such claims arise out of gross negligence or willful misconduct of Martin Luther School	

In an emergency, please contact me at: (_____) _____ or (_____) _____.

Print-Parent/Guardian

Signature

Date Signed

Home Address

Student Name: _____ **Grade:** _____

I have reviewed the above information with my parent/guardian.

Signature of Athlete

Date Signed

PARENT/GUARDIAN CONSENT re Concussion and Sudden Cardiac Arrest

By signing below, I signify that I understand that there are risks inherent in permitting my son or daughter to participate in interscholastic athletics, including the risk of serious physical injuries, including but not limited to concussions and sudden cardiac arrest. This consent to my child's participation is given with the knowledge that participation in interscholastic athletics present inherent risks of injury that no amount of care, caution, instruction, expertise or supervision can eliminate. Mindful of these risks, I voluntarily give my permission for my son/daughter to participate in interscholastic athletics.

By signing below, I further acknowledge that I have read and understand the information shared regarding concussions and sudden cardiac arrest. I further agree to promptly inform the School in the event my child sustains a concussion or experiences cardiac problems outside of school so that appropriate safeguards can be taken with respect to his or her participation in interscholastic athletics.

Parent/Guardian Signature	Date
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Parent/Guardian (Please Print Name)	Date
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Student Athlete Signature	Date
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Student Athlete (Please Print Name)	Date
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Sport: _____ Circle One: Varsity JV Middle School

I have found the medical certificate(s) submitted by student and parent to be acceptable.

Athletic Director	Date
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