



Princeton Charter School
Home of the "Hawks"

After School Athletics Information & Permission Form

(Please Print)

Student Name: _____ Grade: _____ Date: _____

Home Address: _____

Home Phone: _____

Parent/Guardian to be contacted in the event of an emergency occurring during after school athletics:

#1: Name: _____ Daytime Phone: _____ Cell Phone: _____

Additional Emergency Contact:

#2: Name: _____ Relationship to Student: _____

Daytime Phone: _____ Cell Phone: _____

Please list all known allergies: _____

Statement of Insurance

My child is covered for injury under a policy with:

Insurance Company: _____ Primary Policy Holder Name: _____

Policy #: _____ Group #: _____

Athletic Participation Permission & Consents

I hereby give permission for my child, _____ to participate in the 2016-2017 after school athletic program at Princeton Charter School. I realize that such activity involves the potential for injury that is inherent in all sports. I acknowledge that even with proper coaching, the use of protective equipment and strict observance of rules, injuries are still a possibility and that on rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I acknowledge that I have read and understand this warning.

I give permission for my child to travel off school grounds for the purpose of participating in off-site practice sessions and away games. I understand that my child will be transported by a school bus leased by the school.

In the event of a medical emergency, and attempts to contact me have failed, I authorize the Princeton Charter School coaching staff to obtain all necessary medical care and further authorize any licensed physician and/or medical personnel to render all necessary treatment to preserve the health and well-being of my child.

Parent/Guardian Name:(print) _____

Parent/Guardian Signature: _____ Date: _____