



MONTESSORI SCHOOL of BOWLING GREEN
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Bowling Green, OH 43402
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www.MontessoriSchoolBG.org

STUDENT ATHLETE PARTICIPATION
STUDENT-PARENT CONSENT

As a student athlete, I, \_\_\_\_\_, understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
I will be fully responsible for my own actions and the consequences of my actions.
I will respect the property of others.
I will respect and obey the rules of my school and laws of my community, state and country.
I understand that a student whose conduct is inappropriate may become ineligible for a period of time as determined by the program coach and/or school administration.
I understand that participation in interscholastic athletics is a privilege not a right.
I understand that participation in interscholastic athletics may cause personal injury.

Sport – complete one form per sport

Student’s Signature

Birth Date

Current Date

Below this line is for parent review and completion

Informed Consent - By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coach(es), follow a proper conditioning program and inspect their own equipment daily. PARENTS/GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN INTERSCHOLASTIC SPORTS WITHOUT THE STUDENT’S AND PARENT’S/GUARDIAN’S SIGNATURES.

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

Emergency Information

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Notes: \_\_\_\_\_

Emergency Contact other than parent, if any: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below I acknowledge that I have read the above information and that I consent to the named student’s participation, including off-site practice and meets.

Parent’s or Guardian’s Signature

Date