

CONSENT

I/WE _____ and _____ the parents of _____ do hereby consent to the policy of the Bryant School District regarding chemical screen tests for participants in the Bryant School district Athletic program. I/We agree to abide by and comply with this policy as a condition to our child's participation in athletics in the Bryant School District.

I, _____, a student in Bryant School District who participates in athletics at Bryant Junior High School/Bryant High School, do hereby Consent to abide by and comply with, the chemical screen test policy of the Bryant School District.

Student

Parent/Guardian

Date

Parent/Guardian

WARNING AND PERMISSION STATEMENT

STUDENT'S NAME

PARENT/GUARDIAN NAME

ADDRESS

HOME PHONE _____
WORK PHONE

CITY

STATE

ZIP CODE

STUDENT'S BIRTHDAY

GRADE

AGE

NAME OF FAMILY PHYSICIAN

PHYSICIAN'S PHONE NUMBER

I/WE give our permission for our son/daughter to participate in organized junior high/high school athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. **BY SIGNING THIS PAGE YOU ARE SAYING THAT YOU HAVE READ THE ATHLETIC HANDBOOK AND AGREE TO ABIDE BY IT. All the disciplinary actions are in addition to the school student handbook.**

Signature of Parent/Guardian

Date