



TO BE FILLED IN ONLY IF YOUR SON OR DAUGHTER HAS ANY TYPE OF  
MEDICAL CONDITION

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I/We realize that my/our son and daughter's \_\_\_\_\_  
(medical condition)  
creates an additional risk and I/We discussed these risks with the athletic director,  
coach(es) and the sports medicine providers in a meeting on \_\_\_\_\_ (date). They  
explained to me/us that because of this condition the special risks for my/our daughter  
and/or son are (list all concerns at the bottom of this page).

I/We understand these concerns and agree to follow all directions and  
recommendations of my/our physician and sports medicine providers in this program.  
I/We also agree to accept these additional risks as a part of my/our son or daughter's  
participation in the program.

Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

**NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD  
MUST BE PROVIDED.**