

Mountain Empire High School

Department of Athletics

Acknowledgment of Informed Consent

Student Name(please print)_____

Parent or Guardian(please print) _____

The student listed above wishes to participate in the athletic program at Mountain Empire High School during the current school year. As parent(s) or guardian(s) I/We realize that there are risks involved in this participation, and attended the viewing of the video “Sports Risk: You Be The Judge” where the risks were discussed and explained. After the video, I/We had an opportunity to ask questions of the coaches, athletic director and principal. I/We understand that the risks include a full range of injuries, from minor to severe. I/We also recognize the possibility that our child might die, become paralyzed, suffer brain damage or other serious, permanent injury as a result of participating in the athletic program. I/We realize that the protective equipment or padding used in the sport, the safety rules and procedures of the sport, the coaching instruction received, nor the sports medicine care provided to athletes will guarantee safety or prevent all injuries they might sustain. I/we agree to accept these risks as a condition of my/our child’s participation in the Mountain Empire High School sports program.

I/We also realize that our child’s pre-existing condition(s) listed below create an additional risk, and that I/We have discussed these risks with the principal, athletic director, and coach(es) at a meeting on (date)_____.

I/we understand these special risks and agree to follow all directions and recommendations of my/our physician or sports medicine provider. I/we also accept these additional risks as a part of my/our child’s participation in the Mountain Empire High School Sports Program.

Please do not sign this form if you have any questions of concerns !!

Parent’s/Guardians signature _____ Date _____