



Viking Athletics

PARTICIPATION FORM:

Name of student: _____ Grade & Teacher: _____

Sport: _____ Date of Birth: _____

I hereby give my consent for the above-named student to

- 1) Represent Village School in Athletic activities
- 2) Accompany any school team of which he/she is a member on off-campus trips.

I understand the inherent risks associated with athletic activities and I authorize Village School to obtain, through a physician of its choice, emergency medical care. I also agree not to hold Village School or anyone acting on its behalf responsible for any injury occurring to the above-named student during after-school practice, competition, and/or travel.

This application to participate in Village School interscholastic activities is entirely voluntary on my part.

Parent Name (Please Print) _____

Parent
Signature _____ Date _____

Emergency Phone Number _____ or _____

Allergies or medical conditions (include medications)
