



# Viking Athletics



310-459-8411 ext. 616

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## VILLAGE SCHOOL PERMISSION TO PARTICIPATE 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 in the course of 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)

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