

CAPE COD REGIONAL TECHNICAL HIGH SCHOOL

Athletic Department

PARENTAL CONSENT FORM

We hereby grant permission for our child to participate in Cape Cod Tech High School's.....

2009 Winter Sports Programs

In doing so we will not hold the school responsible in the event of injury while the team is under the supervision of authorized school personnel. Also, in the event of accident or injury requiring immediate medical attention, permission is granted to the coaching staff to authorize any necessary treatment.

To the best of our knowledge, our child is in good health. He/she will submit to a medical examination by the school or private physician and the training procedures that are usual for the activity in which he/she will be engaged.

NAME _____ **SPORT** _____

STREET _____

TOWN _____ **STATE** _____ **ZIP** _____

DATE OF BIRTH _____ **PHONE** _____

DAYTIME CONTACT PHONE# _____

EMERGENCY CONTACT PHONE# _____

SIGNATURE of

PARENT/GUARDIAN: _____

INSURANCE POLICY # _____ **DATE** _____