

**BALTIMORE COUNTY PUBLIC SCHOOLS
ATHLETIC PERMIT BLANK**

Name: _____ High School: _____

_____ Home Street Address City State Zip

_____ Date of Birth Age Grade

Parent/Guardian's Name _____ Home Phone: _____ Work Phone: _____

Parent/Guardian's Name _____ Home Phone: _____ Work Phone: _____

In an Emergency, If Parents Cannot be Contacted:

Notify: _____ Phone: _____

Family Doctor: _____ Doctor's Phone: _____

Preferred Hospital: _____ Known Allergies: _____

The team physician, trainer, and coach may apply first aid treatment until the family doctor can be contacted.

_____ Yes _____ No. We give our consent for coaches, trainers, and team physicians to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.

_____ Yes _____ No.

In order to participate in interscholastic athletics, the student must have accident insurance coverage.

_____ Student is covered by school insurance _____ Blue Cross/Blue Shield _____ Policy Number

_____ Other commercial insurance _____ Company and Policy Number

To the Parent or Guardian:

In order that your son, daughter, or ward may participate in various school athletic activities, it will be necessary for you to give your written consent.

Permission is given for son, daughter, or ward to participate in _____ Name of sport

It is understood that time after school will be required for practice and competition. The school will provide proper and reasonable supervision at practice and games and travel to and from such practice and games. Beyond this point of proper supervision, the school cannot assume responsibility for injuries.

A student is financially responsible for the replacement cost of athletic equipment uniforms which are not returned within ten (10) days after the close of a given season.

In addition, it is recognized that the student must comply with the eligibility regulations governing Baltimore County school athletics as approved by the County Superintendent and legislative committee.

By evidence of the signatures below, you are testifying that you:

- Have read and understand the Athletic Permit Blank
- Have read and understand the eligibility standards and policies contained in the Student-Parent Guide to Interscholastic Athletics in Baltimore County Public Schools
- Have read and understand the Concussion Education protocol and the Return to Play protocol.
- Legally reside in the attendance area of the above listed high school as defined by Section A in the Student-Parent Guide to Interscholastic Athletics in Baltimore County Public Schools.

Failure to complete, sign, and return this form to your student's coach will result in his/her exclusion from participation in the Interscholastic Athletic Program of the Baltimore County Public Schools.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____