

**D. C. Public Schools Department of Athletics
District of Columbia Interscholastic Athletic Association**

CONSENT FOR ATHLETIC PARTICIPATION

To the Principal of: _____

Name of School

STUDENT INFORMATION: _____

NAME AS IT APPEARS ON BIRTH CERTIFICATE

GRADE

DATE OF BIRTH

AGE ON JULY 1st

SCHOOL YEAR

RESIDENCE: _____

STREET ADDRESS

HOME PHONE: _____

2nd PHONE: _____

STUDENT PARTICIPATION PERMISSION

Participation in competitive athletics may result in severe injury, including paralysis, or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but is impossible to totally eliminate such occurrences from athletics.

I hereby give my consent for the above-named student to represent his/her school in **ALL SPORT** programs offered (**pre-season, in-season, and post-season**), including team travel for local or out-of-town trips.

EXCEPT: _____

STATEMENT: Prior to participation in interscholastic programs and/or trips, all students (18 years of age or older) and the parents/guardians of minor student athletes who seek to participate in such programs and or trips, are required to sign this form and are deemed to have waived all claims against the DC Public Schools, its employees, and the District of Columbia for any injury, accident, or illness occurring during or by reason of participation in an interscholastic athletic program and/or trip. I accept the responsibility to inform the school of any future change of this information. Students participating in athletic competitions may be photographed during the competition.

I, the parent or guardian of the minor applicant, hereby agree that DC Public Schools or its representative, may video tape, photograph, and voice record the herein named minor applicant for media, marketing, or promotional purposes related to his/her participation in the DC Public Schools' Athletic Program. This may include posting online, photo displays and other promotional opportunities.

I have read this form and understand the rules contained herein, and the information supplied is true and correct to the best of my knowledge.

SIGNATURE of Parent/Legal Guardian/Student(18 years+)

DATE

Relationship to Student

Home/Work Telephone

Cell Phone or Alternate Number

I am/my child is covered by Medical Insurance

I am not/my child is not covered by Medical Insurance