

**SHAW HIGH SCHOOL
INFORMED CONSENT FORM FOR
PARTICIPATION IN ATHLETICS**

STUDENT SECTION:

I understand and recognize that there is a risk of injury inherent in all sports participation. I realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.

Signature of Student _____ Date _____

PARENT SECTION:

We understand and recognize that there is risk of injury inherent in all sports participation. I realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.

Signature of the Parents _____ Date _____

NON PARTICIPATION SECTION

If you signed the above section, please do not sign this section. However, if you do not want your son/daughter to participate in the Shaw Athletic Program as an athlete, you should sign below. The prospective athlete must also sign their signature indicating to the Shaw High School staff that the athlete is aware of the parent's decision.

Parents Signature _____ Date _____

Athletes Signature _____ Date _____

THIS FORM MUST BE RETURNED TO THE COACH OF THE SPORT IN WHICH YOU EXPRESSED AN INTEREST.

THANK YOU.