

Informed Consent for Athletics

West Chester Area School District

SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which serious, catastrophic, and fatal accidents and illnesses may occur. Many forms of athletic competition result in violent physical contact among players. The use of athletic equipment may result in accidents, injury, or death. Strenuous physical exertion and numerous other exposures that increase the risk of injury occur while participating in interscholastic athletics. Students and their parents must assess the risks involved in such sports participation and make their choice to participate despite those risks. No amount of instruction, precaution, or supervision will totally eliminate the risk of injury or illness associated with participation in athletic activities. Just as driving an automobile involves assumption of risk, athletic participation by middle or senior high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your son/daughter to participate in athletic competition, you, the parent or guardian, are acknowledging that you fully understand and comprehend that such risks exist.

Students will be properly instructed in the proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practices and competitions. Students must always adhere to that instruction and utilization and must **refrain** from improper use or techniques.

As previously stated, **NO** amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or fatal injury or illness.

If any of the foregoing is not completely understood, please contact the school's Principal, Athletic Director, or Certified Athletic Trainer for further information and clarification.

ACKNOWLEDGEMENT

I/We have read the above information and acknowledge the risks involved with participating in interscholastic athletics in the West Chester Area School District.

Please check **ALL** sports/activities that apply for the 2010/2011 school year.

Fall			Winter		Spring	
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Basketball	<input type="checkbox"/> Indoor Track	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball
<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Tennis
<input type="checkbox"/> Football	<input type="checkbox"/> Cheerleading		<input type="checkbox"/> Diving	<input type="checkbox"/> Cheerleading		<input type="checkbox"/> Track & Field

Athlete's Name (PRINT) _____
Last First Middle

Date _____

(SIGN) _____

Parent/Guardian's Signature _____