

**Tensas Academy
Parent Consent for Athletics**

Student Name: _____ DOB: _____ Grade: _____

Emergency Contact: _____ Contact #: _____

Doctor: _____ Contact #: _____

Hospital: _____

Medical Diagnosis: _____

Medications: _____

I give permission for my child to participate in Tensas Academy athletic programs. I accept responsibility for any personal injury or death. I hereby release and agree to indemnify and hold harmless MAIS, Tensas Academy, School Board, Coaches, Chaperones, Volunteers and representatives associated with the event, from any and all liability for injuries, damages, medical expenses, or any other loss of my child or family or me (including attorney's fees) arising for or related to my child's participation.

I give consent for my child's name and picture to be printed in any sports program, publication, or video.

I have received a copy of the MAIS Concussion Form for my review and am aware that a release by a medical doctor is required before the student athlete may return to play.

I have received a copy of the Tensas Academy Athletics Information for my review and accept responsibility for my student athlete following the rules.

Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____