



Elbert School District #200

24489 Main St PO Box 38 Elbert Co. 70106 (303) 642-3030

www.elbertschool.org

PARENT AUTHORIZATION FOR SPORTS PARTICIPATION

Student's name: _____

Address: _____ Phone: _____

Sports (circle all that apply):

Football Volleyball Basketball Baseball Track Cheerleading

I hereby acknowledge that I have read the Elbert Athletic Handbook, and I understand the rules, regulations, policies and procedures set by the Elbert Athletic Department.

Student-athlete's signature

Date

Parent's signature

Date

I hereby give my son/daughter permission to participate in interscholastic sports at Elbert School. I realize that such activity involves the potential for injury that is inherent in all sports. In the event of injury or illness, school/athletic personnel may take whatever action is deemed necessary to treat and care for my child.

Parent's signature

Date