

# Thomas Heyward Academy Athletics Parental Consent Form



Students Name: \_\_\_\_\_

Sport: \_\_\_\_\_

1. I, the parent/guardian of the student named above, hereby, give permission for my child to try out for the team indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child's participation in this activity is purely voluntary. However, if selected, I understand that my child will be required to attend regularly scheduled practices and competitions throughout the season. **Initial** \_\_\_\_\_

2. I understand that my child is responsible for his/her behavior at all times, and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team. **Initial** \_\_\_\_\_

3. I understand that with participation in sports comes the risk of injury, particularly with contact sports. Such injuries may include, but not be limited to, concussions, injury to bones, neck, spine or internal organs. I understand the risks involved and expressly agree to accept all the risks existing in the sport in which my child will be participating. **Initial** \_\_\_\_\_

4. I agree to be responsible for the return of all equipment issued by the school. I understand that I will be financially responsible for replacing any uniform or equipment that is lost or damaged. **Initial** \_\_\_\_\_

5. I understand that my child will not be able to begin participation in the sport or activity until this form has been returned with applicable payment attached. I also understand that if the season progresses beyond the first week and this form has not been returned with attached payment, that my child will not be able to participate in the sport or activity for that season. **Initial** \_\_\_\_\_

6. I understand that as a parent of an athlete, I must work the required number of concession stand shifts, to be determined by the coach at the beginning of the season. I understand that these shifts must be worked during the same athletic season my child is participating in and that if I do not work the concession stand shifts that I will be billed a **\$350** fee on my facts account at the conclusion of the season. **Initial** \_\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_  
**PRINT– Parent/Guardian                      Signature    Date**

**Attach cash or check to this portion of the form and return it to the Athletic Director or write the GoFan confirmation number in this section.**

- Athletic Fees:**  
**\$25 - Cheer, Cross Country, Wrestling, Sporting Clays**  
**\$75 - B team Volleyball, B team Basketball**  
**\$100 - All other sports**