

Nanaimo District Secondary School Athletics

Parent/Guardian Permission Form

Sport: _____

Name: _____
Surname Given Names

Address: _____

Parent Contact Information:

Mother Phone: _____ Mother email: _____

Father Phone: _____ Father email: _____

Age: _____ Birthdate: Day (_____) Month (_____) Year (_____)

Grade: _____ Student Number: _____

Alternate Contact: _____ Phone: _____

Student Medical #: _____ Doctor: _____

Medical Problems to be aware of: _____

Note:

1. All participants are required to maintain acceptable grades and work habits.
2. All school rules and policies must be followed. This includes district policies regarding drugs, alcohol, smoking, fighting, and behaviour expectations.
3. If an out of town game is scheduled, parent consent is required.
4. If class time is to be missed, teachers involved must be informed.
5. A schedule of game, tournament and practice times will be announced.
6. Students and parents should be aware that a strong commitment is required to make the program successful.

Coach(es) involved: _____

I hereby give permission for _____ to participate in the above activity and all associated in town travel.

Parent signature: _____