

**CANTON PUBLIC SCHOOLS
DEPARTMENT OF ATHLETICS**

I hereby acknowledge I have read the Student/Athlete Handbook and will adhere to the rules and regulations while participating in athletics at Canton High School.

I agree to adhere to these regulations while participating in athletics at Canton High School.

_____ Sport _____
Print name of student/athlete

Signed _____
Student/athlete Date

I understand that such activity involves the potential for injury which is inherent in all sports. Even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

I give my permission to the appropriate certified school staff or medical personnel to render emergency treatment, if required, when associated with an athletic injury or illness.

I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or travel.

_____ has my permission to participate in _____
athlete's name sport

I give my consent for my child to participate in the Canton Public Schools Athletic Program, and have read the Student/Athlete Handbook.

Signed _____
Parent/guardian date

RETURN TO THE COACH