

*D.C. Public Schools Department of Athletics
District of Columbia Interscholastic Athletic Association*

Consent for Participation in Athletics

To the Principal of: _____
Name of School

Name of Student: _____
Last First Middle Initial

has my permission to participate in _____
Name of Sport

during the school year 200__ - 200__

Address of Student Athlete: _____

Date of Birth: _____ Age on July 1st: _____

CHECK ONE

For parent/guardian of a minor child (under 18 years of age).

Yes, my child is covered by accident/medical insurance.

No, my child is not covered by accident/medical insurance.

For adult student (18 years or older).

Yes, I am covered by accident/medical insurance.

No, I am not covered by accident/medical insurance.

If the aforementioned insurance coverage changes during the time that the above student-athlete is participating in interscholastic athletic events/trips and practice sessions I agree to notify the athletic health care providers of such changes.

Prior to participation in interscholastic athletic programs/and or trips, all adult students (18 years of age or older) and the parent/guardians of minor student-athletes who seek to participate in such programs and/or trips, are required to sign this form and are deemed to have waived all claims against the D.C. Public Schools, its employees, and the District of Columbia for any injury, accident, or illness occurring during or by reason of participation in an interscholastic athletic program and/or trip.

The above information is true to the best of my knowledge and I have read the foregoing statement and agree to assume the responsibilities and waive all claims.

Signature: _____
(Parent, Guardian or Participating adult student-athlete)

Date: _____