

Kensington Woods Athletics

Please fill out the form below and turn it in with your physical and Pay to Participate fee by the first day of practice!

I, _____, pledge to display good sportsmanship, smart behavior and to obey the rules of the Kensington Woods Athletic Department and High School. I also pledge to act as part of a team and promptly attend scheduled practices and contests with no unexcused absences. I pledge to dedicated myself to improving myself as an athlete and teammate and help others do the same.

Student signature _____

Student email _____

I give my child, _____, permission to attend practices, meets and other scheduled events for their athletic team. I also give my child permission to travel to practice, meets and other scheduled events with a Kensington Woods Staff Member/Volunteer or other responsible driver.

Parent/Guardian Name _____

Parent/Guardian Contact Number _____

Parent/Guardian Email _____

Emails will be used to contact you in the event of a schedule change or to let you know about upcoming events!

Parent/Guardian Signature _____

_____ When possible, I would like my child to drive with an adult.

_____ I give my permission for my child to drive to scheduled events and transport other students in their car.

_____ I may be available to drive to contests and/or practices. Please contact me with more details.

Does this player have any disabilities, handicaps, present injuries or limitations, allergies, asthma, or any other medical condition that might affect his/her ability to participate in athletics?

_____ No _____ Yes (Please explain: _____)

Is this player required to take any medication?

_____ No _____ Yes (Type/Reason medication taken: _____)

I, the undersigned parent or legal guardian of the named child (a minor), do hereby authorize the staff members of Kensington Woods High School, as my Agents to consent medical, surgical or dental examination and/or treatment for said child. In the case of emergency, I hereby authorize treatment and/or care at any Hospital or Trauma Center. I understand that my insurance benefits that are effective have limited application.

I further agree to indemnify and hold harmless Kensington Woods High School, the district, its board members, and its employees from any and all claims arising out of injury to my child or conditions caused or aggravated by any medical care obtained or by my refusal to obtain available medical treatment for my child for any reason.

Date: _____

Parent/Guardian Signature: _____