



**LYON COUNTY SCHOOL DISTRICT
DAYTON HIGH SCHOOL
PARENTAL CONSENT FORM**



_____ (student) has my permission to participate in school athletics during the 20___ / 20___ School year. I acknowledge, with my signature below, that I have completed the online athletic registration before tryouts have occurred @ <http://www.registermyathlete.com/schools/> and confirm, to the best of my knowledge, that it is current and complete and I have received a confirmation email of the athletic registration.

I understand there are Inherent risks are associated with any activity and by granting permission for my son/daughter to participate, I understand that with that participation in sports comes the risk of injury, particularly with contact sports. Such injuries may include, but not be limited to, concussions, and 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. I acknowledge that such risks exist. However, I believe that the opportunity for learning outweighs these risks and I hereby grant permission for my son/daughter to participate.

I, the parent/guardian of the student named above, hereby, give permission for my child to try out for the team indicated in the online athletic registration, and he/she may 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, and the ASB card and spirt fees for their sport will be paid prior to the first game or competition or that arrangements will be made through the Athletic Director.

EMERGENCY TRANSPORTATION APPROVAL

This is to certify that (I/we), the parents of the above named student give full permission to Lyon County coaches, trainers, or administrators, at practice or at actual athletic events, in town or out of town, to call an ambulance service or otherwise provide emergency transportation to a hospital for medical treatment.

(I/We) understand that every effort will be made to contact parents immediately, but should there be difficulty, (I/we) will not hold any Lyon County School District representative responsible for any costs or liabilities associated with such actions.

EMERGENCY TRANSPORTATION BY SCHOOL: _____ YES _____ NO

Please indicate in the space below if your child has any allergies or needs special attention:

In the event that the above named student should need emergency medical treatment or attention while under the care of athletic or school personnel, necessary treatment may be secured. I give LCSD permission to treat my child. The school shall not be held responsible for any debts incurred.

Please PRINT the name, birth date and grade of your child.

STUDENT'S NAME:

Last Name First Name Middle Initial

Birthdate

Grade

Signature of Parent/Guardian

Signature of Student