**Ozark City Schools Consent Form (Athletic Warning Statement Form)**

* Name\*

FirstLast

* Sex\*



* Birthdate\*

MM

DD

YYYY

* Address\*

Street AddressCityStateZIP Code

* **Ozark City Schools**

As an athlete / athletic parent in the Ozark City School’s Athletic program, I / We understand that participation in any sport can be a dangerous activity involving ***MANY RISKS TO INJURY.*** I / We further understand that there are serious risks including and not limited to brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete’s general health and well-being. I / We understand that the dangers and risks of participating in sports also include the potentially high cost of medical care and impairment of the athlete’s future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life. Recognizing these risks, I / We consent to the participation my / our son / daughter in the sports program offered by Ozark Schools. I / We also agree to comply with all rules, regulations, and recommendations of administrators, coaches, athletic trainers and doctors concerning injury prevention and care. I / We hereby grant consent to any and all health care providers designated by Ozark Schools to provide my child any necessary medical care as a result of any injury / illness.  Furthermore, I / We consent to participation in the following sport(s):

* Check all that apply:
  + Baseball
  + Basketball
  + Cheerleading
  + Football
  + Outdoor Track
  + Soccer
  + Softball
  + Tennis
  + Volleyball
* Parent Signature



By signing

* Student Signature



By signing

* **Emergency Information**
* Parent/Guardian Name\*

FirstLast

* Phone Number\*



* Phone Number\*



* **Health Insurance**
* Carrier:\*



* Policy Number:\*



* Group Number\*



* Policyholder's Name\*

FirstLast

* Relationship\*



* Medical History: List any allergies or medical conditions.



* **In Emergency, if parents cannot be contacted, notify:**
* Name\*

FirstLast

* Relationship:\*



* Phone Number\*



* Email



