Palliser School Division

International Education Services

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Permission and Acknowledgement of Risk

Interschool Athletic Form

Interschool Athletics

The risk of injury exists in every activity. Falls, collisions and other incidents may occur and cause injury.

Student Information

Student Name: _____

Student Date of Birth: _____

Sport Team Student would like to try out for/participate in:

- ☐ Badminton
- ☐ Baseball
- ☐ Cross Country
- ☐ Curling
- ☐ Golf
- ☐ Rugby
- ☐ Softball
- ☐ Track & Field
- ☐ Volleyball

Medical Services Authorization
In a situation when emergency medical or hospital services are required by the above listed participant, the Custodian Parent/Guardian is hereby authorized to consent to and authorize any necessary medical, surgical, or hospital treatment, including anesthesia and drug administration. We confirm that every reasonable effort will be made to contact the participant's natural parents immediately following the authorization of care. All resulting costs will be the financial responsibility of the natural parents.

Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____

Date:_____