

**MASON MIDDLE SCHOOL
ATHLETIC CONSENT FORM**

Athlete _____
Last Name First Name Grade

Address _____ Telephone Number _____

I, _____, having permitted my student to engage in competitive middle school athletics, do hereby voluntarily consent to such emergency procedures and treatment as is deemed necessary by attending medical personnel. The foregoing consent shall extend and apply to the entire period my student shall so engage in competitive middle school athletics for Mason Public Schools.

I have read the Athletic Handbook and I agree to abide by the regulations stated therein.

Athlete's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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PLEASE FILL OUT AND SIGN ALL FOUR CONSENT FORMS
AND TURN THEM IN TO YOUR COACH