



ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

I give permission for _____ (name of child) to participate in the various athletics programs offered at The Stonehaven School.

I am aware that with the participation in sports comes the risk of injury to my child. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk.

Name of Medical Insurance Company: _____

Policy Number: _____

Name of Policy Holder: _____

I am aware that participating in sports will involve travel to and from the events. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by The Stonehaven School to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of The Stonehaven School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency): _____

Evening time phone number (where to reach you in emergency): _____

Cell Phone: _____

Signature of parent or guardian: _____

Date: _____