

Ohio High School Athletic Association  
Middletown Christian Schools

Athletic Participation Permission Form

**PART I**

**(To be completed and signed by student athlete)**

**PLEASE PRINT**

Name: (Last, First, Middle) \_\_\_\_\_ School Year: \_\_\_\_\_

HomeAddress: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**I certify the preceding information is correct, I have read the athletic handbook, and understand the by-laws and requirements.**

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

**PART II - PARENTAL PERMISSION**

**(To be completed and signed by parents)**

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify the Athletic Office immediately. I certify that all information is accurate current and that I have read the athletic handbook.

I hereby give my consent and approval for the student named on this form to participate in the activities marked realizing that athletic participation has inherited risks of injury and/or death:

BASEBALL  
CROSS COUNTRY  
WRESTLING

GOLF  
SOCCER  
\_CHEERLEADING

BASKETBALL  
TRACK

SOFTBALL  
VOLLEYBALL

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

**PARENTS: PLEASE FILL OUT THE INFORMATION**

**Emergency Contacts:**

**E-Mail:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Hospital** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Dentist:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Insurance: (opt.):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_