

Armenian Mesrobian School Athletic Department
Parental Consent for Participation in Athletics
2018-2019 School Year

Student's Name _____ Grade _____

My son/daughter would like to sign up to play in the following KAHAM GAMES teams.

Sport (Please circle) Basketball Soccer Volleyball Track/Field Table Tennis
Chess

Please fill out and return this form to Coach Garo by 9/24 at the latest so that we may form the teams and start practices ASAP!

I hereby give consent for my son/daughter to participate in athletic practices held at Armenian Mesrobian School on weekdays, Saturdays, or both under the supervision of Mesrobian coaches.

In case of injury, I give permission for emergency medical treatment by school personnel, emergency medical personnel, hospital personnel, or a physician. I realize that athletic activity involves the potential for injury and that injuries can occur even with good coaching, advanced protective equipment, and strict observance of rules.

I will not hold Armenian Mesrobian School, KAHAM/Homenetmen, or their representatives responsible for injuries that may occur to my son/daughter because of participation in the sports indicated above.

Parent's Name (Please print) _____

Phone _____

Emergency Contact (Please print) _____

Phone _____

Parent's Signature _____