

Watertown Athletic Department
Permission Form

Name _____ **Class** _____ **Telephone** _____

Address _____

Parent/Guardian Name _____ **Work Tel.** _____

Emergency Contact Person _____ **Emergency Tel.** _____

Family Doctor _____ **Telephone** _____

Family Medical Insurance _____ **Policy No.** _____

I understand there is an inherent risk in playing sports and that the range of injury can be minor to severe. It is further understood that in case of injury, the school is responsible only for first aid treatment. I also understand that all equipment issued is the property of the Watertown School Department and is to be returned within 24 hours of season close or I will assume the current replacement cost. To my knowledge my son or daughter has not been treated for any pre-existing pathological condition that could be aggravated by participating in interscholastic athletics.
List previous injuries or pathological conditions:

I will help my son/daughter carry out his/her responsibilities as a WHS student athlete.

_____ has my permission to participate in _____
(Name) (Sport)

during the 2005/2006 Season.

Parent or Guardian Signature