

RAVENSROFT SCHOOL ATHLETIC DEPARTMENT  
PARENTAL PERMISSION AND STUDENT STANDARDS FORM

**ANY STUDENT WHO PARTICIPATES ON A RAVENSROFT SCHOOL SPONSORED ATHLETIC TEAM MUST HAVE SIGNED AND DATED PARENTAL PERMISSION FORMS ON FILE IN THE ATHLETIC OFFICE PRIOR TO THE FIRST DATE OF PRACTICE.**

THE FOLLOWING TERMS AND CONDITIONS WILL APPLY.

- 1) THE STUDENT IS COVERED BY A SCHOOL SPONSORED PROGRAM AS A SECONDARY CARRIER TO INSURANCE CARRIED BY THE STUDENT'S FAMILY.  
Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_
- 2) NO STUDENT IS ALLOWED TO BEGIN PRACTICE UNLESS WE HAVE A CURRENT PHYSICAL EXAMINATION FORM ON FILE WITH THE SCHOOL. THIS PHYSICAL MUST BE ADMINISTERED AFTER JUNE 1 OF THE ACADEMIC YEAR PRIOR TO THE YEAR OF PARTICIPATION IN ORDER TO BE VALID FOR THE ENTIRE YEAR.
- 3) EACH RAVENSROFT STUDENT ATHLETE IS EXPECTED TO ADHERE TO HIGH TRAINING STANDARDS. THEREFORE, THE USE OF TOBACCO PRODUCTS, ALCOHOL, OR ANY OTHER ILLEGAL SUBSTANCE WILL NOT BE PERMITTED AT ANY TIME EITHER ON OR OFF CAMPUS. APPROPRIATE DISCIPLINARY ACTION WILL BE TAKEN IF SUCH OFFENSES OCCUR AND WILL LIKELY RESULT IN REMOVAL FROM THE TEAM.
- 4) WHERE LOCAL TRAVEL IS INVOLVED, STUDENTS MAY BE ASKED TO PROVIDE THEIR OWN TRANSPORTATION. STUDENTS WILL NOT BE ALLOWED TO DRIVE OR TO RIDE WITH ANOTHER STUDENT WITHOUT WRITTEN PERMISSION FROM THE PARENTS OF BOTH THE DRIVER AND THE PASSENGER ON A PER GAME BASIS. ATHLETES ARE ALSO REQUIRED TO RETURN FROM AWAY EVENTS WITH THEIR TEAM UNLESS WRITTEN PARENTAL PERMISSION HAS BEEN GIVEN TO THE COACH IN ADVANCE.
- 5) IT IS POSSIBLE THAT AN EMERGENCY SITUATION MIGHT ARISE WHERE THE DELAY OF APPROPRIATE MEDICAL PROCEDURES COULD ENDANGER A STUDENT PARTICIPANT. THE PARENT OR LEGAL GUARDIAN SHALL INDICATE, BY SIGNING BELOW, THAT ATHLETIC STAFF MEMBERS IN THE EMPLOY OF THE SCHOOL MAY ACT IN *LOCO PARENTIS*.
- 6) THE UNDERSIGNED HEREBY RELEASE RAVENSROFT SCHOOL INC. AND RAVENSROFT FOUNDATION, INC. AND THEIR EMPLOYEES OR AGENTS FROM ANY AND ALL CLAIMS FOR DAMAGE TO PERSONS OR PROPERTY SUSTAINED BY OR ANY PERSON CLAIMING THROUGH THE NAMED STUDENT, RESULTING FROM ANY ACCIDENT, OCCURRENCE, OR CONDITION IN OR UPON THE PREMISES OF RAVENSROFT SCHOOL OR SUCH OTHER PREMISES AS MAY BE USED WHILE PARTICIPATING IN ATHLETICS. IT IS UNDERSTOOD THAT ATHLETIC PARTICIPATION EXPOSES A STUDENT TO A RISK OF PHYSICAL INJURY, AND THE SPORT OF FOOTBALL CARRIES WITH IT THE INCREASED POTENTIAL FOR NECK AND HEAD INJURY.

WE HAVE READ THE FOREGOING PARENT PERMISSION FOR ATHLETIC PARTICIPATION STATEMENT, UNDERSTAND AND AGREE WITH THE REQUIREMENTS, AND HEREBY GRANT PARENTAL PERMISSION FOR:

\_\_\_\_\_ STUDENT'S NAME

TO PARTICIPATE IN ALL SPORTS OR ATHLETIC EVENTS AT RAVENSROFT SCHOOL FOR THE 2011-2012 SCHOOL YEAR

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMERGENCY NUMBER

\_\_\_\_\_  
EMERGENCY NUMBER

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
FAMILY PHYSICIAN

\_\_\_\_\_  
PHYSICIAN'S PHONE NUMBER