

Permission to Participate in Oakdale Athletics & Extra-curricular Competitions

Both pages are to be completed by parent or guardian only and must be turned in, along with a current physician-performed physical, before any participation in conditioning, games, or practices will be allowed. Please print clearly in black or blue ink.

Athlete Name: _____ Sport/Competition _____

Birthdate: _____ Grade: _____ Season/Year _____

Address: _____

Parent/Guardian Name(s): _____

Primary Contact Phone #: _____ Secondary Contact Phone # _____

Any Allergies? Circle Y / N Explain/treatment: _____

Asthma? Circle Y / N Explain/treatment: _____

Seizures? Circle Y/N Explain/treatment: _____

Other Medical Conditions: _____

Current Medications: _____

Allergic to any medication? Circle Y / N Please list: _____

EMERGENCY CONTACT INFORMATION (Persons to contact if parent(s) are unavailable):

Contact #1: _____ Relationship: _____ Phone#: _____

Contact #2: _____ Relationship: _____ Phone#: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

I (we) do hereby permit my (our) son/daughter to participate in the athletic program at Oakdale Academy and to engage in all activities related to the team, including, but not limited to, trying out, practicing, and traveling to and playing in competitions. I (we) understand and assume all risk, which may include, but are not limited to, sprains, fractures, ligament or cartilage damage, neck and spinal injuries, and serious injury to muscles, internal organs, and/or the brain associated with said participation, and recognize the importance of following coaches' instructions regarding playing techniques, training guidelines, and team rules. As part of this agreement to permit my (our) son/daughter to participate, I (we) also agree to provide all needed forms, fees, and information. I (we) acknowledge that we have been properly advised, warned and cautioned that participation in athletics can result in the athlete suffering serious injury. Having been so cautioned and warned, with full knowledge and understanding of the risk of serious injury as a result of participation, it is my (our) desire to consent to my (our) son/daughter's participation.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray exam and immunizations (tetanus) for the above named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

I authorize Oakdale to withdraw the participation fee of \$200 through my TADS acct. on the next billing cycle.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

****Please circle uniform sizes: TOP: YS/YM/YL/AS/AM/AL/AXL BOTTOM: YS/YM/YL/AS/AM/AL/AXL***