Athletic Release Form

Dear Parents,

Harmony School of Innovation will be participating in competitive athletic events throughout the 2013-2014 school year. In order for your student(s) to be eligible for athletic competitions, they must fulfill the following guidelines:

* Physical Examination By A Physician
* Sign and Return Athletic Release Form
* Maintain A 70 Average In Every Academic Class
* Maintain less than 10 DPS points to participate in competition
* Pay a athletic fee per sport

The HSI Athletics Program will be actively competing against other school programs. Harmony School of Innovation will be competing in Texas Charter School League. Many of the local schools that HSI will be competing against are part of Texas Charter School League. When competing against these schools, HSI is required to follow the official rules and regulations set by Texas Charter School League are expected to represent the Harmony school systems with good sportsmanship and respect on and off the playing field. Our actions should always respect others and comply with the Harmony School of Innovation Handbook.

Harmony School of Innovation wants to develop school pride. One way to develop this is to support HSI in our Athletic Competitions. We expect hardworking, dedicated individuals who want to succeed in the classroom and in athletic competition.



Contact Phone: (817) 386-5505

 Teacher’s Name Coach Harvey

 Position Athletic Director / Head Coach HSI

Please fill this paper out and have your child to return it to the athletics department

PARENT-STUDENT APPROVAL FORM

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student’s name) pledge to abide by all district policies of the Harmony School District handbook. I understand that I am governed by the same rules during athletic competitions as when I am at school. Any failure to adhere to these policies will result in disciplinary action.

(Student Signature) Grade/Section:

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name) has my permission to go on all athletic events listed with the HSI Athletics program.

By signing this form parent(s) give(s) consent to his/her child to take the transportation provided by school, teacher, or designated parent. Means of transportation could be any public, rental, or private vehicles driven by an adult.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent Signature) Date

***PERMISSION SLIP/MEDICAL RELEASE FORM***

We (I), the parent (s)/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understands and agree that the trip is a school sponsored activity and function. This release is intended to cover all injuries of every name, type, kind or nature, and personal property damage, if any, which may be sustained or suffered from any cause connected with or arising out of, or from participation in the listed events. I understand I am responsible for transportation costs if my child is required to return home for disciplinary measures. I understand I will be given a choice of mode of transportation to be used.

***Emergency Medical Release Form***

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EmergencyContact/Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company/Policy/Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name/Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Known Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Additional Medical Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, I authorize emergency treatment to be administered if I cannot be contacted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date