

Argyle Youth Commission Sports Permission Form

***This permission slip must be completely filled out by a parent or guardian.**

Student Name: _____ **DOB:** _____

Grade: _____ **Parents:** _____

Address: _____

Phone: _____

Email Address: _____

Emergency Contact (name) _____ **Phone:** _____

I, _____ give: _____

permission to participate in the Argyle Youth Commission, Sport Name: _____

I acknowledge that participation in this program involves vigorous activities and possible risk of injury, and I assume this risk. In consideration of this possibility, I hereby consent to emergency transportation and treatment necessary in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment. This program involves vigorous activity, and I further acknowledge that my child is capable of performing the activities required and has no medical or physical conditions which would restrict their participation. I agree to hold the Town of Argyle harmless from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury or property damage, to the extent permitted by law.

_____, _____

Signature of parent or guardian

Date

****Please note any problems we should be aware of (ie. Asthma, allergies, or other medical or

orthopedic problems): _____

Shirt size: (Circle one) Youth: Small, Med, Large, Adult: Small, Med, Large