

**THORNTON ACADEMY SCHOOL SPORTS RISK/WARNING FORM
SPORT/ATHLETIC ACTIVITY**

Check all that you plan to participate in:

<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Softball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Indoor Track	<input type="checkbox"/> Swimming
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Tennis
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Outdoor Track	<input type="checkbox"/> Other
<input type="checkbox"/> Football	<input type="checkbox"/> Soccer	

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS, REPORT INJURIES,
AUTHORIZE MEDICAL ATTENTION, AND PARENTAL PERMISSION:**

I am aware that playing or practicing to play/participate in any athletic activity can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing in the above athletic activity include risk of serious injury. Because of those danger and risks, I recognize the importance of the following: coaches' instructions regarding playing and training techniques, team rules, etc., and agree to obey such instructions.

I agree to report all injuries I sustain, to my coach, athletic trainer, or athletic director within 24 hours of the occurrence.

Dated: _____
Signature of Student

I, the parent/guardian of _____, understand
Name of Student

the dangers and risks involved in the athletic activity as indicated above. Recognizing those dangers and risks, I give permission for my son/daughter to participate in all activities of the athletic activity designated above, including, but not limited to, trying out for, practicing, and playing/participating in that athletic activity. I also authorize Thornton Academy to utilize the services of certified health professionals to treat my son/daughter in the event of an injury or illness that occurs during his/her participation in athletics.

Dated: _____
Signature of Parent/ Guardian