

**ELEMENTARY INTERSCHOOL ATHLETIC  
PROGRAM**

**PERMISSION TO PARTICIPATE FORM**

*This form is to be completed on behalf of a student who wishes to participate in interschool athletics.*

*It is to be returned to the coach prior to the student's first game/meet.*

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Sport: \_\_\_\_\_ Date: \_\_\_\_\_

**Have you completed a *Permission to Participate Form* for this student already this school year?**

- Yes → *{If the medical condition of your son/daughter is unchanged, please skip to parent/guardian signature section at the end of this form.}*
- No → *{Please complete all sections of this form.}*

**TO THE PARENT**

Your son/daughter has chosen to participate in our Elementary Interschool Athletic Program. This may involve vigorous physical activity.

In case of an injury, most basic Medical Plans do not provide coverage of permanent teeth or private nurses. If you wish this coverage, it is recommended that you investigate an Accident Policy.

**GENERAL  
INFORMATION**

Home Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Telephone No.: \_\_\_\_\_ Health Card No.: \_\_\_\_\_  
Parents/Guardians: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_  
\_\_\_\_\_ Work Telephone No.: \_\_\_\_\_  
Student's Physician: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

