Student & Parent Consent Form/Acknowledgement of Warning for
Hall-Dale High School & Hall-Dale Middle School Athletic Programs

Complete Name: _____
First Middle Last

Date of Birth _____ Place of Birth _____
Month/Day/Year City/Town State

Sport Participating in: _____

This application to compete in athletics in Hall-Dale School District is voluntary on my part and is made with the understanding that I will abide by the eligibility rules set up by M.S.A.D. # 16 and regulations set up by the athletic department to the best of my ability.

Furthermore, I understand that by participating in _____ I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport I hereby acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself.

_____ _____ _____
Parent or Guardian Student Date

Parent or Guardian Consent

I hereby give my consent for the above student to engage in interscholastic athletics at Hall-Dale High School/Middle School in sports approved by M.S.A.D #16 during the current school year and to accompany the team as a member in out of town trips. I understand that my son/daughter will be expected to adhere firmly to established athletic policies and eligibility standards.

I am also aware that my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in the sport of

_____
Name of sport

Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our child named above which may result we/I give consent to _____ participating in the sport of _____ _____
Name of Parent Date