

Sports / Athletic Activity Permission Slip

Organization: _____

ACTIVITY DETAILS

Sport / Activity *	Team / League Name *
Season Dates *	Coach Name *
Coach Phone *	

PARTICIPANT INFORMATION

Child's Full Name *	
Date of Birth *	Parent/Guardian Name *
Parent/Guardian Phone *	Parent/Guardian Email *
Emergency Contact Name *	Emergency Contact Phone *

MEDICAL INFORMATION

Physical Exam Date	Medical Conditions / Allergies
Insurance Provider	Policy Number

I give permission for my child to participate in the above athletic activity. I acknowledge the inherent risks of sports participation and authorize emergency medical treatment if necessary.

Parent/Guardian Signature	Date
_____	_____