



"Developing students who are Competent, Productive and Responsible
by promoting the academic skills and character to succeed in life."

Athletic Consent Form

Student Information

First Name:	Last Name:	MI:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address:	Gender:
<input type="text"/>	<input type="text"/>

Address:	Date of Birth: (day/month/year)
<input type="text"/>	/ /

City:	State:	Zip Code:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Name:	Relation:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

In case of an emergency (when Parent/Guardian cannot be contacted, please notify:

Name:	Relation:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Information

Family Doctor:	Doctor's Phone:
<input type="text"/>	<input type="text"/>

Allergies and/or Medical Conditions
<input type="text"/>

Current Medications:
<input type="text"/>

Insurance Carrier (If student is not insured, parents assumed all medical responsibilities)
<input type="text"/>

Date of Last Physical Examination (day/month/year)
<input type="text"/> / <input type="text"/> / <input type="text"/>

Since the athlete's last physical examination, have they: Had surgery? Been hospitalized? Had a serious illness? Had an injury requiring a Physician's care? If yes, explain:

NO ___ Yes ___ Explain:
<input type="text"/>



Concussion Education:

In accordance with House Bill 632 Section 33-1625, Idaho Code the Idaho High School Activities Association has provided the information below for parents and athletes concerning the Identification and Management Strategies regarding concussions. To comply with the law visit the following online sites. Initial in the space provided below when complete.

- [Idaho's Law Overview](#)
- [Concussion Recognition](#)
- [Safe Return to Play](#)
- [Free Concussion Course for Students and Parents](#)

I have read these educational sites and complete my concussion education: _____ Athlete's Initial

Consent Form

I hereby consent to _____ (name of the student)

- Participating in the interscholastic athletic program at Falcon Ridge Public Charter School.
- Travel to and from athletic contests and practice sessions.
- Treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.
- To the release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

Parent or Guardian E-Signature: _____ E-Signature of Student and Grade: _____

My participation in interscholastic athletics for Falcon Ridge Public Charter School is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

Signature of Student and Grade: _____ Date: _____

My child will participate in the following sports during this school year:

___ Girls Volleyball	___ Girls basketball	___ Boys Basketball	___ SKI & Snowboarding Club
___ Beginner	___ Beginner	___ Beginner	___ Beginner
___ Intermediate	___ Intermediate	___ Intermediate	___ Intermediate
___ Advance	___ Advance	___ Advance	___ Advance
___ Basketball Camp June ___ or July 2019 ___		___ Volleyball Clinic July 2019	