

**STUDENT AND PARENT CONSENT FORM
ZUMBROTA-MAZEPPA ATHLETIC DEPARTMENT**

PLEASE PRINT

Complete Legal Name _____
 (First) (Middle) (Last)

Date of Birth _____ Place of Birth _____
 (Month, Day, Year) (City) (State)

STUDENT PARTICIPATION

This application to participate in athletics at Zumbrota-Mazeppa Public Schools is voluntary on my part and is made with the understanding that I abide by all the eligibility rules set up by the Minnesota State High School League.

Signature of Student _____

PARENT OR GUARDIAN CONSENT

I hereby give my consent for the above student to engage in interscholastic athletics at Zumbrota-Mazeppa Public Schools in the Minnesota State High School Athletic Association –approved sports during the current school year and to accompany the team as a member on its out-of-town trips. I understand that my son/daughter will be expected to adhere firmly to all established athletic policies. I have read both the Zumbrota-Mazeppa student handbook on athletics and the Minnesota State High School Leagues eligibility rules.

Date _____ Signature of Parent or Guardian _____

EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT

In emergency, contact _____ Phone _____, or
_____ Phone _____

I, _____, the parent or guardian of _____

Recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

Please make the following notations on my son/daughter's records:

Allergies to medications _____

Medications for long-term illness (indicate illness and medications _____

Relevant medical information (e.g., contact lens wearer; history of family diabetes, epilepsy; heart murmur)

Date _____ Grade of Athlete _____

Signature of Parent or Guardian _____