



TRAFTON ACADEMY

Educating Minds, Building Character for Life.

Sports Participation Form

This is to certify that my son/daughter has my permission to participate in Trafton Academy's after school sports program during the 20__-20__ school year.

It is my understanding that these activities are being taken under the auspices of Trafton Academy and will be supervised by a teacher (coach). I hereby release Trafton Academy from liability and waive any and all claims against Trafton Academy and its school authorities, individually and collectively, for any injuries or damages which might be received during the activity, at practice, at games, or in traveling to and from scheduled games. This includes all liabilities incurred to or by my child while being driven to and from said activities either in a privately owned vehicle or in transportation provided by Trafton Academy. The faculty and chaperones have my permission to seek emergency medical treatment for my child if they think it is necessary.

Signature of Parent of Guardian

Date

Mother's Name: _____ Home Ph. _____ Cell Ph. _____

Father's Name: _____ Home Ph. _____ Cell Ph. _____

Student Physical Form

Student's Name (Print) _____ Grade _____

Is the child on regular medication? No _____ Yes _____ List: _____

Has he/she ever had convulsion or seizure? No _____ Yes _____ Explain _____

Does he/she have allergies? No _____ Yes _____ List: _____

Notes:

Emergency Phone Number (s) Between 3:30- 7:30 pm

Name: _____ Phone: _____