

CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for _____ born on _____ wh turned _____ on his/her last birthday, a student of _____ School and a residen of the _____ public school district, to participate Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20____-20____ school year in the sport(s) a indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Swimming and Diving	
Wrestling	
Ice Hockey	

Spring Sports	Signature of Parent or Guardian
Baseball	
Lacrosse	
Girls' Soccer	
Softball	
Boys' Tennis	

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familia with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA We site at www.piaa.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from on school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, an academic performance.

Parent's/Guardian's Signature _____ Date ____/____/____

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student i eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of an and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s) residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature _____ Date ____/____/____

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name likeness, and athletically related information in reports of Inter-School Practices, Scrimmages, and/or Contests, promotiona literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature _____ Date ____/____/____

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer an emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for o participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts t contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesi (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees hospital charges, and related expenses for such emergency medical care.

Parent's/Guardian's Signature _____ Date ____/____/____

F. **Understanding of risk of concussion and head injury:** I hereby acknowledge that I am familiar with the nature and risk of concussion and head injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or head injury. Information relevant to concussion in high school sports is available on the PIAA Web site at www.piaa.org/piaa-for/sports-med.

Parent's/Guardian's Signature _____ Date ____/____/____