



Authorization for Participation in Interscholastic Athletics

As parents or guardians of _____ (Student's Name)

We hereby authorize and consent to our child's participation in interscholastic athletics and sports. WE understand that the sport in which our child will be participating is potentially dangerous and that physical injuries may occur to our child requiring emergency medical care and treatment. We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by the Allegheny County Public Schools in its athletic program and the benefits derived by our child from participation, we agree to release and hold harmless the Board of Education of Allegheny County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgments, and expenses arising from our child's participation in interscholastic athletics and sports and any injuries received therefrom and expenses related thereto.

We hereby give our consent and authorize the Board of Education of Allegheny County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and

treatment of our child, and we agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions and during travel to and from athletic contests.

Students who have elected to participate in the athletic program will be required to practice and participate in scheduled contests after regular school hours and possibly on non-school days. Supervision at practice, games and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Allegheny County Public Schools as issued by the Board of Education of Allegheny County and the Maryland State Department of Education.

Sports Insurance: ACPS may obtain supplemental insurance to cover injuries that occur which are not covered by the regular Student Accident Insurance policy. This insurance may provide additional coverage for an injured athlete. Claims for reimbursement under this insurance should be filed by the parent through the school office. The Board's insurance office should be advised of all claims filed on this policy. This should be done by completing a school accident form as well as completing the insurance claim forms. This insurance may not guarantee 100% coverage of claims.

Name of School/Community
I also declare and affirm that my child:
<input type="checkbox"/> Resides (with parents or legal guardians) within the above attendance area, or
<input type="checkbox"/> Is attending the above school with special permission of the Office of Student Services of Allegheny County Public Schools

If a student is attending a high school without the benefit of residing (with parent or guardian) within the school's attendance area and/or without special permission of the Office of Student Services, the student in question is subject to disciplinary action which could result in the loss of athletic eligibility for a period of time, ineligibility in a specific sport or sports for the forthcoming year or penalties as may seem justified in the particular case. A student being taught by parental request at home (home school) is not enrolled in Allegheny County Public Schools and cannot participate in athletics. The athlete's team and school will be penalized for failure to comply with MPSSAA regulations.

I/We understand and agree to all of the above.

Relationship to Student	Parent/Guardian's Signature	Date
Home Phone	Cell Phone	Email

*This form cannot be accepted without the above information.



Allegheny County
Public Schools

Athletic Release Form

Student Information			
Student's Name (Print)	Grade	Age	Birth Date
Parent Information			
Parent/Guardian Name (Print)	Email		
Street Address	Home Phone		
City, State, Zip Code	Cell Phone		

By evidence of the signatures below, you testify that you:

1. Have read sexual harassment and hazing guidelines
2. Have read the Athletic Guide
3. Have read the provisions of the Authorization for Participation in Interscholastic Athletics form
4. Understand the MPSSAA and ACPS eligibility standards

Failure to complete, sign and return to your child's coach will result in her/his exclusion from participation in the interscholastic athletic program of Allegheny County Public Schools.

Important: If a student changes residency during the sport season, parents must notify the athletic director immediately and update this form.

- I hereby acknowledge that I received the Concussion Information Sheet and the Fact Sheet for Athletes and Parents. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention and treatment of concussions and the seriousness of concussions.
- I hereby acknowledge that I received the Heat Acclimatization and Hydration Information Sheets. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention, treatment and the seriousness of heat and dehydration.
- I have read the regulations entitled Eligibility Minimum Standards for Participation in Athletics (JJIC-R1-2) which govern participation in athletics in the Allegheny County School System. I understand and agree to abide by said rules and regulations.
- My child has permission to participate in Interscholastic Athletics for the 2015-2016 school year.

Student's Signature	Date	Parent/Guardian's Signature	Date
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*This form cannot be accepted without the above information.