

# North Henry Academy Athletic/Extra-Curricular Info & Consent Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle I. \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Birthday \_\_\_\_\_ (include year) Home Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent or Guardian Work Phone: \_\_\_\_\_

Parent or Guardian E-mail: \_\_\_\_\_

Student Resides With \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

The Undersigned Consent to the following:

1. Compete in Interscholastic Athletics at North Henry Academy **except** for those CROSSED OUT below:  
Basketball Cheerleading Cross-Country Track & Field Volleyball Soccer
2. Student may accompany any school team of which student is a member on the bus for out of town trips of activities.
3. Agrees to pay \$150 for MS and JV sports and \$125 for JR sports.

**WARNING: BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC SPORTS INCLUDE A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY INCLUDING PARALYSIS AND DEATH. PARTICIPANTS AND PARENTS HAVE A RESPONSIBILITY TO HELP REDUCE THE CHANCE OF INJURY.PARTICIPANTS MUST OBEY ALL SAFETY RULES, FOLLOW A PROPER CONDITIONING PROGRAM, AND REPORT ALL PHYSICAL PROBLEMS TO COACHES OR ADMINISTRATION. PARENTS MUST REPORT ANY PROBLEMS OR MEDICAL CONDITIONS TO COACHES OR ADMINISTRATION. BY COMPLETING AND SIGNING THIS FORM, YOU ACKNOWLEDGE THE INHERENT RISK. YOU ALSO GIVE CONSENT FOR NAMED STUDENT TO PARTICIPATE AND RIDE THE BUS UNTIL THIS FORM IS REVOKED IN WRITING.**

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_