

## Parent and Athlete Consent Form

Player's Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M or F

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Sport: \_\_\_\_\_

### Athlete's Responsibility:

- Maintain non-failing any class in order to participate in games.
- Lead by example at all time – this means following the Warrior Code in terms of behavior in the classroom, hallways, cafeteria and other locations.
- Maintain responsibility for all clothing and equipment given in order to play the sport and return all clothing and equipment no later than 15 days from the end of the session cleaned.
- Adhere to all MSHSL rules and regulations to remain eligible to play.

### Parent/Guardian Responsibility:

- Provide transportation for athlete after each practice and game.
- Recognizing the possibility of injury or illness, and in consideration for Hmong College Prep Academy (HCPA) and members of Minnesota State High School League (MSHSL) accepting my son/daughter as a player in the athletic programs and activities of MSHSL and HCPA, I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify MSHSL, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.
- Recognize that the athlete has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the athletics. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

### **Athletic Fees:**

All athletes are required to pay an athletic fee of \$65 for any sport. This fee goes into funding the sports program here at HCPA. Any student who does not pay the Athletic fee will not be eligible to play until the fee has been paid. **Once the start of the session all athletic fees are non-refundable.**

\_\_\_\_\_  
Signature of Athlete\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date