

**HOUSTON INDEPENDENT SCHOOL DISTRICT  
ATHLETIC DEPARTMENT**

7/03

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**PARENT'S APPROVAL FOR PARTICIPATION IN ATHLETICS AND EMERGENCY MEDICAL AUTHORIZATION**

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I hereby certify that \_\_\_\_\_ has my approval to play at home or away from  
(Student)  
home on the athletic teams of the \_\_\_\_\_ Middle/High School, grade \_\_\_\_\_, as  
follows: \_\_\_\_\_  
(School)

Baseball/Basketball/Cheerleader/Cross-Country/Football/Golf/Soccer/Softball/Swimming/Tennis/Track/Volleyball/Wrestling  
(Parent will check sports or events he/she does not approve.)

I understand and agree that the HISD Board of Education and the employees and agents of HISD assume no responsibility or liability for any accident or injury as a result of any aspect of participation in the sports listed above.

I understand and acknowledge that participation in the above-listed sports creates the potential for receiving an injury. With the knowledge of this potential risk of injury, I am giving my son/daughter permission to participate in athletics and accept full responsibility for this decision.

In the event of an injury, I hereby grant permission to school officials and employees to render, secure, and authorize necessary medical treatment.

I understand that medical expenses for injuries will be paid only according to the HISD Department of Athletics rules, and such payments do not waive HISD's general immunity or create any liability for injuries or damages.

My insurance company is \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

(both parents, if possible)

Date \_\_\_\_\_ Telephone \_\_\_\_\_ Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or Guardian) (Parent or Guardian)

Date \_\_\_\_\_ Telephone \_\_\_\_\_ Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or Guardian) (Parent or Guardian)

I certify that this release was signed in my presence.

\_\_\_\_\_  
Student Social Security Number

\_\_\_\_\_  
Principal or Notary (no stamped signature)  
(first year of participation requirement)

**PLACE OF EMPLOYMENT (both parents, if possible)**

(Father) (Mother)  
Name of Firm \_\_\_\_\_ Name of Firm \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**NOTE TO THE COACH:** You must have a completed form before the student may participate in or practice for any sport. File the original in the office of the school attended. You must file a copy every school year. A notarized copy or a copy signed by the parents in the presence of the principal must be filed for the first year of participation at the school the student attends. Thereafter, a parent approval signed by the parents or parent must be submitted before the student may participate.