



**AP-I-901.1.1 SCHEDULE A  
FFCA Competitive Athletics Try-out Consent Form**

**ELEMENTS OF RISK**

Athletics Activity Programs involve certain elements of risk. Injuries may occur while participating in these activities. The risk of sustaining injuries results from the nature of these activities and can occur without fault of the student, school board and its employees/agents or the facility where the activity is taking place. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

By choosing to take part in these activities, you are accepting the risk that you/your child may be injured. The risks involved with this activity should be understood by you. **Should you have any questions whatsoever with respect to the mode of travel, location or activity, you are required to contact the school and obtain further information prior to signing this consent form.**

FFCA has basic student accident insurance coverage in place. If you choose to participate in the above-referenced activity, you must understand that you bear the responsibility for any injury that may occur.

**ACKNOWLEDGEMENT AND PERMISSION:**

- I understand that FFCA may provide an opportunity to try-out for interscholastic athletic activities in the following sports and my child has permission to try-out for those indicated as follows:

<u>Middle School</u>	<u>YES</u>	<u>NO</u>	<u>High School</u>	<u>YES</u>	<u>NO</u>
Cross Country	<input type="checkbox"/>	<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	Golf	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	Badminton	<input type="checkbox"/>	<input type="checkbox"/>
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>
			Track & Field	<input type="checkbox"/>	<input type="checkbox"/>
			Rugby	<input type="checkbox"/>	<input type="checkbox"/>

2. I have read both sides of this form. I understand that by participating in the activity described above, I am assuming the risk associated with doing so.
3. I understand that I, as a parent am responsible for ensuring that there are no health concerns with my child that may influence their ability to safely participate in this activity. If I am uncertain at any time during the activity, I will have my child's health reviewed by a physician and notify the coaches if health concerns are identified.
4. This is my permission for the coach/teacher in charge, or their designate, to make arrangements for any necessary emergency medical attention in the event of serious illness or injury. If such attention is required, every effort will be made to notify the parent/guardian or emergency contact as quickly as possible.
5. I understand that this consent and authorization will be in effect for the 20\_\_ - 20\_\_ school year only.

**Student Name:** \_\_\_\_\_  
*(please print)*

**Student Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
*(please print)*

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_