



**AP-I-901.1.3 SCHEDULE C
INFORMED CONSENT/PERMISSION FORM
FOR ATHLETIC ACTIVITIES & TRIPS**

School Team: _____ Student Name: _____

Elements of Risk:

Athletic 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 the activity 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 this activity, 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.

Medical Information:

Please complete AP-I-901.1 Schedule D Competitive Athletics Medical Information Form

ACKNOWLEDGEMENT AND PERMISSION:

1. I have read this form. I understand that by participating in the activity described above, I am assuming the risk associated with doing so.
2. I give my child permission to participate in all _____
School Team
activities during the 20__ - 20__ school year.

Parent/Guardian Name: _____
(please print)

Parent/Guardian Signature: _____

Parent/Guardian Email: _____ **Date:** _____