



Athletics Department

500 Macungie Avenue, Emmaus Pa, 18049
610-965-1670 * Fax: 610-965-1501

**EXTRACURRICULAR ATHLETIC ACTIVITIES
INTRAMURAL CONSENT FORM**

ACTIVITY: _____
Student Name: _____
Student Address: _____
Student Home Telephone: _____
Emergency Contact Name: _____
Emergency Contact Relation: _____
Emergency Contact Number: _____
Medical Insurance Carrier: _____
Policy Holder: _____
Policy Number: _____

FOR PARENT/GUARDIAN

By signing this form, I authorize participation of my child in the intramural activity listed above. I have reviewed the following information with him/her available on the Athletics/Student Activities webpage at: <http://www.eastpennsd.org/ehs/athletics/>

- Concussion and Traumatic Brain Injury Information Sheet
- Sudden Cardio Arrest Symptoms and Warning Signs Information Sheet
- Student Athlete Code of Conduct/Cautionary Statement
- EPSD Athletic Training treatment protocol

I also agree that in case of an injury/accident, during participation of the intramural activity listed above, I will present all claims sustained for my child to my insurance company.

Parent/ Guardian Name (Please Print): _____
Parent/ Guardian Signature: _____
Date of Signature: _____

FOR STUDENT

By signing this form, I acknowledge that I have reviewed with my parent/guardian the following information available on the Athletics/Student Activities webpage at: <http://www.eastpennsd.org/ehs/athletics/>

- Concussion and Traumatic Brain Injury Information Sheet
- Sudden Cardio Arrest Symptoms and Warning Signs Information Sheet
- Student Athlete Code of Conduct/Cautionary Statement

Student Name (Please Print): _____
Student Signature: _____
Date of Signature: _____