



# Eagle Wings Academy

*Dare to fly!*

## **Eagle Wings Academy Athletic Parent Permission Form**

*Please print all information*

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### **Permission/Release**

*Please initial if you agree*

- I understand that each sport or activity has its own inherent danger and potential injury.
- I consent for my child to participate in the following sports: Flag Football, Volleyball, Cheerleading, Basketball, Soccer and Baseball
- I agree to allow my student to travel with the school athletic team at my own risk.
- I understand that I cannot hold the school drivers or facility liable for any injury received in travel, practice or games.
- I understand that the primary insurance coverage if any injury should occur would be my responsibility.
- I am responsible for scheduling a physical examination for the student and ensuring that all forms are returned to Eagle Wings Academy.

Parent Signature: \_\_\_\_\_

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