

CHESTERFIELD COUNTY PUBLIC SCHOOLS  
HIGH SCHOOL INTERSCHOLASTIC ATHLETICS  
CHESTERFIELD, VIRGINIA

SCHOOL: Thomas Dale High School

STUDENT'S NAME: \_\_\_\_\_

ATHLETIC ACTIVITIES: Football

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CONSENT:

I request that the above named student be allowed to participate in non-mandatory after school athletic activities open to the entire student body of the above school and specifically consent to his/her participation. I give permission for the supervising personnel to obtain emergency medical treatment for the above named student if necessary. I will be financially responsible for any medical attention needed as a result of the student's participation in non-mandatory after school athletic activities.

ASSUMPTION OF RISK:

I have read the description of the activity(s) and understand its contents. I understand that this activity(s) involves risk or injury or harm to my child/ward. I understand that my son/daughter/ward may not be under observation and direct control at all times during his participation in this activity(s). I understand the School Board and its employees will not be financially responsible to me or my child/ward if my child/ward is harmed participating in this activity(s).

In consideration of Chesterfield County Public Schools permitting my child to participate in the activity(s), I hereby assume the risks which may arise by or in connection with the activity(s).

Date: \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Secondary Telephone Number: \_\_\_\_\_