Parental Consent to Participate in High or Higher Risk Sports

Student Name:
Parent Name:
Sport/Athletic Activity:
By signing below:
 I agree that my child's participation in the above sport/activity is conditioned upor his/her compliance with all policies and rules governing student participation in extracurricular activities; the District's preparedness plan for that sport/activity; full cooperation with all case/contact investigations; and compliance with all isolation/quarantine requirements. I also attest that I have read and understand the risks of my child's participation as described below. Participation in the higher-risk sport places the student-athlete at risk of exposure to SARS-CoV-2. Symptomatic and asymptomatic individuals can spread the virus. Masking, distancing, and other mitigation measures reduce, but do not eliminate risk. At present, it cannot be predicted who will become severely ill if infected. o SARS-CoV-2 can lead to serious medical conditions and death for people of all ages. The long-term effects of SARS-CoV-2 are, at present, unknown; even people with mild cases may experience long-term complications. There is a significant risk of transmission to those in the home of infected student-athletes. Older people and people with underlying health conditions are at higher risk of serious disease.
I consent to my child's participation in the above referenced sport/activity. My consent will remain in effect unless rescinded by me in writing.
Date: Signature:

HSCD Athletics Parent Contact Form

Student Name:		
Parent/Guardian Name:	_	
Email address:		
Parent/Guardian Name:	Cell Phone:	
Home Phone:		
Please list the names and phone numbers of contacts authorized to pick up student during a practice or game.		
Name:	Phone:	
Name:	Phone:	