

# Joplin Schools Intramural Basketball

## Parent Permission/Emergency Contact Info

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

By its nature, participation in intramural athletics includes the risk of serious bodily injury. Although serious injuries are not common, it is impossible to eliminate all risk. Participants must follow all safety rules, report all physical problems to their coaches, and follow a proper conditioning program.

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to participate in intramural athletics. We also hereby agree to hold the school district of which this school is a part, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of actions, debts, claims or demands of every kind and nature which may arise by or in connection with participation by my child/ward in any activities related to the intramural program.

\_\_\_\_\_  
**Signature of Parent(s) or Guardian**

\_\_\_\_\_  
**Date**

### Emergency Contact Information (Please Print)

\_\_\_\_\_  
Parent(s) or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relationship to Athlete

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relationship to Athlete

\_\_\_\_\_  
Phone #



