

**CLOVER SCHOOL DISTRICT
PARENT/GUARDIAN/ATHLETE'S Risk Acknowledgement**

JJ-E (1)

Athlete's Name: _____ **Date of Birth:** _____

Athletic Program: _____

School Name: _____

By allowing my child to participate in athletic program(s) in the Clover School District, I agree to attend all meetings related to the athletic program(s).

I understand that the risks include a full range of injuries from minor to severe. I recognize the possibility that my child might die, become paralyzed, suffer brain damage, and/or other serious permanent injuries as a result of participation in this activity. I realize that the protective equipment and padding, the safety rules and procedures of the various sports, coaching instruction or sports medicine care provided to athletes will not guarantee safety or prevent injuries my child may sustain. I agree to accept these risks as a condition of my child's participation in this program. I also understand that students participating in athletics in the Clover School District are subject to drug testing prior to the season and random drug testing during the season.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

**ADDITIONAL OR SPECIAL CONDITIONS RISK ACKNOWLEDGMENTS
(Complete the following ONLY if your child has a pre-existing condition)**

I realize that my child's pre-existing condition creates additional risks and I have discussed these risks with the athletic director, coaches and sports medicine provider.

Pre-existing condition: _____

Special Risks/Concerns: _____

I understand these conditions and agree to follow all directions and recommendations of my physician and sports medicine provider in this program. I also agree to accept these additional risks as a part of my child's participation in this program.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____