

**BALTIMORE COUNTY PUBLIC SCHOOLS  
ATHLETIC PERMIT BLANK**

Name: \_\_\_\_\_ High School: \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In an Emergency, If Parents Cannot be Contacted:

Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

The team physician, trainer, and coach may apply first aid treatment until the family doctor can be contacted.

\_\_\_\_\_ Yes \_\_\_\_\_ No. We give our consent for coaches, trainers, and team physicians to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.

\_\_\_\_\_ Yes \_\_\_\_\_ No.

In order to participate in interscholastic athletics, the student must have accident insurance coverage.

\_\_\_\_\_ Student is covered by school insurance \_\_\_\_\_ Blue Cross/Blue Shield \_\_\_\_\_  
Policy Number

\_\_\_\_\_ Other commercial insurance \_\_\_\_\_  
Company and Policy Number

To the Parent or Guardian:

In order that your son, daughter, or ward may participate in various school athletic activities, it will be necessary for you to give your written consent.

Permission is given for son, daughter, or ward to participate in \_\_\_\_\_  
Name of sport

It is understood that time after school will be required for practice and competition. The school will provide proper and reasonable supervision at practice and games and travel to and from such practice and games. Beyond this point of proper supervision, the school cannot assume responsibility for injuries.

A student is financially responsible for the replacement cost of athletic equipment uniforms which are not returned within ten (10) days after the close of a given season.

In addition, it is recognized that the student must comply with the eligibility regulations governing Baltimore County school athletics as approved by the County Superintendent and legislative committee.

By evidence of the signatures below, you are testifying that you:

- Have read and understand the Athletic Permit Blank
- Have read and understand the eligibility standards and policies contained in the Student-Parent Guide to Interscholastic Athletics in Baltimore County Public Schools
- Have read and understand the Concussion Education protocol and the Return to Play protocol.
- Legally reside in the attendance area of the above listed high school as defined by Section A in the Student-Parent Guide to Interscholastic Athletics in Baltimore County Public Schools.

Failure to complete, sign, and return this form to your student's coach will result in his/her exclusion from participation in the Interscholastic Athletic Program of the Baltimore County Public Schools.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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