



ATHLETIC AUTHORIZATION FORM SY2017-18

Cadet name: \_\_\_\_\_
Last Name First Name MI Grade

- 1. \_\_\_\_\_ (Parent/Guardian) hereby permit the above named cadet to participate in sports at Massanutten Military Academy. My cadet and I agree to abide by all MMA rules and regulations governing any individual sport. We understand that some of these sports may be rigorous and physically demanding. By signing below I am indicating that the cadet does not have any impairment that will affect his/her ability to full participate in sports. If he or she does have impairment (ex. asthma, cardiovascular, orthopedic injury) it is written in detail on the back of this form. This agreement is valid and remains in effect for the entire period that my son/daughter remains at the Academy.
2. \_\_\_\_\_ (Parent/Guardian) agree that the Academy or any employees of the Academy will not be held responsible in the case of injuries for the payment of any medical bills resulting from sports injuries. All medical expenses which are not covered by the cadet's insurance are my personal responsibility.
3. I understand that a sport may have an additional cost not covered by tuition or fees and I agree to pay for the sport for which my cadet signs up or participates. I understand that my cadet is required to participate in a sport every season.
4. I hereby give permission for my cadet to travel with his/her team to away events, and other sporting events in school vehicles or faculty/staff personal vehicles.

Note: Sports are dependent on having enough participation to field a team. Unless otherwise indicated, all sports are co-ed. Please indicate the 1st, 2nd and 3rd choice for each sports season of Fall, Winter and Spring that you permit your son/daughter to participate in. Please select three choices for each season.

Table with 3 columns: Fall Sports, Winter Sports, Spring Sports. Includes options like Football, Basketball, Baseball, Drill, Lacrosse, Softball, Soccer, RAIDERS, Volleyball, Rifle, Weightlifting, Wrestling, Tennis, Track and Field.

Impairment that may impede ability to play sports: \_\_\_\_\_

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