MASON MIDDLE SCHOOL ATHLETIC CONSENT FORM

Athlete			
Last Name	First Name	Grade	
Address	Telephone Number		
I,	, having permitted my student to engage in competitive middle		
school athletics, do hereby voluntarily con	sent to such emergency procedures an	d treatment as is deemed necessary by attending	
medical personnel. The foregoing consen	t shall extend and apply to the entire pe	eriod my student shall so engage in competitive	
middle school athletics for Mason Public S	Schools.		
I have read the Athletic Handbook and I a	gree to abide by the regulations stated	therein.	
Athlete's Signature		Date	
Parent/Guardian Signature		Date	
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PLEASE FILL OUT AND SIGN ALL FOUR CONSENT FORMS

AND TURN THEM IN TO YOUR COACH