

**BARRE TOWN RECREATION DEPARTMENT ATHLETIC  
PERMISSION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Permission to Participate**

I hereby give my permission for the above-named student to participate in the Barre Town Recreation Department Tennis Program. No athlete will be permitted to participate until this form is signed and on file with the tennis program director. Plus, this form serves as a notification of parental (guardian) permission to participate in the Barre Town Recreation Department Tennis Program.

**Insurance Waiver**

I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic-related accident or injury.

**Permission for Emergency Medical Care and Conveyance**

I further grant permission for my son/daughter, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the coaching staff, athletic trainer, or any other physician present, and to be conveyed to an emergency medical facility, if needed. I understand that all medical costs that could occur from such conveyance and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that the Barre Town Recreation Department will assume no liability for the cost of said conveyance or treatment.

### **Informed Consent**

I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs.

In case of an emergency, I understand every attempt will be made to contact me, or the person(s) listed below at the following numbers:

1<sup>st</sup> option \_\_\_\_\_ Telephone # \_\_\_\_\_

2<sup>nd</sup> option \_\_\_\_\_ Telephone # \_\_\_\_\_

### **Known Medical Conditions or Allergies**

Epilepsy, Diabetes, Asthma, Bee Stings, Other Conditions or Allergies:

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### **Signature**

By signing this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and that if I have not understood any information, I have sought and received an explanation, and I am fully aware that I am granting permission for the above-named student to participate in Barre Town Recreation Department Tennis Program. I also understand and give my permission for any photos taken, to be used at the discretion of the Barre Town Recreation Department.

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Signature of Adult Student \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature, if student is less than 18 years old \_\_\_\_\_ Date \_\_\_\_\_