

RFC Parental Consent Form 2024 – 2025

Student's Name

Date of Birth

I, the parent/guardian of the student named above, hereby give permission for my child to participate in the academy indicated, and participate in all of the team's activities, as directed by the academy/coach.

I understand that my child will be obligated to attend regularly scheduled practices and competitions.

I understand that my child is responsible for his behavior at all time and agree not to hold the academy or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the academy's code of discipline may result in exclusion from the team.

I agree that in the event of injury or illness, the staff member in charge of the team may act in my behalf and at my expense in obtaining medical treatment for my child.

I realize that the medical expenses of my ward will be borne by me beyond the cap limit of the insurance provided by the academy and will not hold the academy liable for them.

In an emergency, please contact me at:

1) _____ (Father)

2) _____ (Mother)

3) _____ (Guardian)

Name of the parent/Guardian

Signature

Date Signed

