



SOUTHEASTERN REGIONAL HIGH SCHOOL

Department of Athletics

250 Foundry Street, South Easton, MA 02375 ♦ Telephone (508) 230-1279

www.sersd.org/StudentServices/Athletics

CONSENT TO PARTICIPATE CONSENT TO TREATMENT

I hereby give consent for the following:

- For my son/daughter to participate in the Interscholastic Athletic Program at Southeastern Regional Vocational Technical High School during the 2012-2013 school year.
- For him/her to accompany the team on its' out of town trips.

****In the event of injury** ** *I realize that such activity and competition involves the potential for injury, which is inherent in all contact/non contact sports.*

I hereby give consent for the following:

- For school personnel to have our child transported by ambulance to the nearest hospital, and that appropriate medical attention and treatment be given if I cannot be contacted in an emergency situation

I also realize that such activity and competition may provide opportunities for videotaping and public distribution of video images while participating.

