

IMPLIED CONSENT VIDEO FORM

STUDENT/ATHLETE'S NAME

Last_____First_____ID#_____

Dear Parents/Guardians:

The Willis Athletic Department has the video "IMPLIED CONSENT" for your viewing. This video explains the potential risks your child may encounter while participating in a sport. *The video could be shown at your request.* You may contact the Athletic Department at 883-5700 to make arrangements to view the video or sign this letter acknowledging that you understand the risks involved in athletics.

I DO NOT HAVE TO VIEW THE "IMPLIED CONSENT" VIDEO. I am aware that my child could possibly be injured while participating in school athletics at Willis Jr. High.

Parent's/Guardian's Signature_____Date_____

Athlete's Signature_____Date_____

PARTICIPATION COMMITMENT

Each athletic season is nine weeks in length. Selected participants are expected to make a full commitment to the established East Valley Conference schedule of games for his/her sport. If an athlete is involved in Club/AAU or other extra-curricular activities, he/she must be available for ALL school games or tournament play during the specific Willis sport season. Failure/inability to commit to his expectation will prevent a student from being selected for participation.

Parent's/Guardian's Signature_____Date_____

Athlete's Signature_____Date_____

*****Two different forms, PLEASE sign both. Thank you.**

To be able to participate in any sport, a student must complete an eligibility packet and have **a current physical dated after March 1st, 2011.** This packet includes a physical form. **The examining physician MUST use this form.** Packets may be returned to the Willis Student Services Office prior to the beginning of tryouts.

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