Milwaukee Public Schools
Community Recreation Division

$25.00

# ACTIVITY PERMIT
## ELEMENTARY/MIDDLE AGE YOUTH SPORTS LEAGUE

(Please circle one age group)

☐ **Volleyball** ☐ **Basketball** ☐ **Softball** ☐ **Soccer** ☐ _____

Student Name: _____ ☐ Male ☐ Female

Home Address: _____ Home #: _____

City _____ State ____ Zip _____ Age: _____

School: _____ Grade: _____ Birthdate: _____

*** * * THIS PART TO BE FILLED OUT BY PARENT/GUARDIAN - PLEASE PRINT * * ***

Parent/Guardian Name: _____ Home: _____

Address: _____ Work: _____

List any previous injuries: _____

List any physical disabilities: _____

List any allergies: _____

List any medication the athlete may be taking or will use: _____

_____

Preference of physician: _____ Phone: _____ / _____
*Office* *Home*

**NOTE:** Injuries are a natural part of sports. MPS is not responsible for injuries incurred by players during official games. Players should be covered by their own insurance.

Name of Health Insurance: _____

In an emergency, please list two persons you recommend we call if you cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

We give our consent for coaches, physical education/recreation staff to use their own judgment in securing medical aid and ambulance service in case parent/guardian cannot be reached. We give our consent for participation in the Elementary Age Youth Sports League. We understand that the player may travel unsupervised to site competition.

_____ _____
*Parent/Guardian Signature* *Date*

**RETURN TO YOUR SCHOOL SPORTS COORDINATOR FOR VERIFICATION AND DISTRIBUTION OF FORM.**

Players Birthdate and Grade
Have been verified by: _____ _____
*School Sports Coordinator* *Date*

***Original:*** *To League Playing Site by 1st Schedule Match*
***Yellow Copy:*** *To Coach*