Parents of Athletes: When you and your athlete finish reading all the athletic department forms on the MCS Athletics website, please PRINT OFF this Acknowledgement form, initial each applicable box & sign (you may initial multiple sports and turn in once for the year). By initialing and signing you are verifying that you have READ and AGREE TO all the forms on the MCS website pertaining to Athletic policies, procedures, and liability. *If your athlete needs a physical, print out the Medical Release form and have your doctor fill it out, then turn in to the school office. (Physicals are good for two years and must be completed and turned in prior to the deadline stated to be eligible to practice/play.)

Student Name:							Grade:					
	Names:											
Phone Nu	umber(s): _											
Email Ad	dress(es): __											
Form N	Form Name				Socce	r	Basketball/Cheer			Track & Field		
Release	of Liability	/										
Passeng	ger Permiss	sion										
Code and Guidelines												
Athlete/Parent Agreement (Both parent & athlete initial)												
Concuss (Read &	sion Inform initial)	nation										
By signing contained	, I verify tha I therein.	at I have r	ead the	above init	ialed forn	ns and tak	e respons	ibility for	adhering	to the poli	cies	
Parent Signature						-	Date					
Athlete Signature						-	Date					
Student's Physician:						_ Phone N	umber: _					
Emergency Contact:						Phone N	umber:					
Emergency Contact:						Phone Number:						
Allergies/	Concerns: _											
If not nea	rest hospita	al, specify	here									
Office Use	e:											
Soccer Basketba						all/Cheer	I/Cheer Track & Field					
Date	Amount	Payment	Initials	Date	Amount	Payment	Initials	Date	Amount	Payment	Initials	