

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Sport \_\_\_\_\_

School Year \_\_\_\_\_

### ACTIVITIES ACCELERATION CONSENT FORM

By completing this form you consent to allow your middle school student to participate in a high school activity. In order to ensure the health and wellbeing of all our participants, please respond to the following topics regarding your student on the proposed team or activity.

1. Do you feel your student is under pressure from anyone to participate in a high school program?
  
  
  
  
  
2. Do you have concerns about the risk of injury for your student including concussion?
  
  
  
  
  
3. Is the social setting of a high school team appropriate for your student?
  
  
  
  
  
4. Is your student taking proper steps outside of school and this team to ensure their health including diet, exercise, nutrition, and risk management (e.g. overuse injuries)?
  
  
  
  
  
5. Are you confident your student will maintain academic success while participating on a high school team?
  
  
  
  
  
6. **\*For Acceleration Requests Only** - A counselor, social worker, or staff member will meet with your student to confirm their interest and invite communication during the upcoming season. Is there anything about which you would like the social worker aware?

Parent Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_