Arkansas School for the Deaf

Parent's Consent for Participation in Extra-Curricular Activities

School Year 2020 to 2021

Student Name _____ Grade _____

Birthdate: _____ Gender (Check One) ☐ Male ☐ Female

I give Permission for _____to participate in extracurricular Activates at the Arkansas School for the Deaf. I understand the increased likelihood for physical injury from participation in some of these Activities. I hereby release the Arkansas School for the Deaf and its staff from liability for any accident.

Please check one or more sports:

Fall Season:

Cross Country ☐

Volleyball ☐

Winter Season:

Basketball ☐

Spring Season:

Soccer ☐

Track and Field ☐

All Season:

Special Olympic ☐

Academic Bowl ☐

ASL Bowl ☐

Oratorical Bowl ☐

Cheerleading ☐

Parent/Guardian Signature: _____

Cell number to add in REMIND system: _____

DATE: _____