



ORTHOPEDIC SURGERY  
PHYSICAL THERAPY  
SPORTS CHIROPRACTIC  
MASSAGE THERAPY



North Mason High School Athletic Trainers, Chiropractors, and Orthopedic Surgeons (Pro Sport) provide “Athletic Training” to NMHS athletes, services include the prevention, emergency care, first aid, treatment, and rehabilitation of Athletic Injuries using certain physical modalities (i.e. methods of treatment). “Athletic Injuries” means the types of musculoskeletal injury or common illness and conditions, incurred by athletes, which prevent or limit participation in sports or recreation and which NMHS Athletic Trainers are educated to treat or refer.

I/we, the undersigned, certify that I am the parent or legal guardian of the child or children listed below and that I am authorized to provide informed consent for any Athletic Training provided to the applicable child below by NMHS Athletic Trainers. I hereby consent to the following (please initial where giving consent):

The child or children below may receive Athletic Training from NMHS Athletic Trainers and/or doctors for Athletic Injuries, as needed. \_\_\_\_\_

NMHS Athletic Trainers and/or doctors may contact or otherwise communicate with other health care providers (including, without limitation, other NMHS Athletic Trainers and doctors) as needed for purposes of providing Athletic Training. \_\_\_\_\_

The above consents are intended to cover any Athletic Injury sustained in connection with any NMHS athletic competition or practice, whether on or off NMHS property, and while travelling to or from any such competition or practice under the supervision of NMHS. \_\_\_\_\_

I/we understand the nature of the athletic training services which I have consented to above, and I acknowledge that no guarantees have been made to me or my child as to the results thereof. I hereby specifically release and agree to indemnify and hold harmless North Mason Public Schools, its board members, employees, contractors, and agents (including, without limitation, NMSD Athletic Trainers and/or doctors) from any and all claims associated with taking or refraining from taking any action in accordance with the above instructions, including, without limitation: giving, obtaining, or refraining from giving or obtaining, Athletic Training services. \_\_\_\_\_

I/we acknowledge that I am financially responsible for the payment of any medication, medical or surgical care, treatment or procedures provided to my child. \_\_\_\_\_

I/we further acknowledge that the instructions set forth above will remain in effect until the minor child reaches the age of majority or I provide written notice to RHS that I am revoking the instructions provided for in this document. \_\_\_\_\_

I/we agree to inform the NMSD and the NMHS athletic training staff of any and all known health conditions. \_\_\_\_\_

I/we agree to update NMSD and NMHS athletic training staff as to any new injuries or changes to current health status. \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child Printed Name: \_\_\_\_\_