

Newtown Square, Pennsylvania 19073-4696
(610) 359-4218 · FAX: (610) 356-2194

ATHLETIC CONSENT FORM

We are aware there are inherent risks in all sporting activities and agree not to hold Marple Newtown High School, Marple Newtown School District, or any of their coaches or staff liable for personal injuries or property damage sustained by my child in connection with such participation.

Date _____ Sport _____

Student Participant

Signature of Parent/ Guardian

Sign and return to your child's coach

The School That Makes a Difference!

Sport _____

Marple Newtown High School

Athletic Department Student Information Sheet

Name of Athlete _____ Student # _____

Address _____

City & State _____

Phone # _____

Email address: _____

Birth Date: _____

Current Age: _____

Mother's name: _____

Father's name: _____

Date enrolled in school this year: _____

Current Grade: _____

Year of Graduation: _____

Indicate the number of semesters you have attended Marple Newtown High School. Please include the present semester. (There are 2 semesters per year.)

9th _____ 10th _____ 11th _____ 12th _____

How many semesters have you competed in this sport? Please circle the grades in which you have participated, including this year.

9th 10th 11th 12th Total _____