



**Marianas Interscholastic Sports Organization**

**Saipan, MP 96950**

**cnmimiso@hotmail.com**

**Athletic Parental Consent Form**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Sport** \_\_\_\_\_ **School Year** \_\_\_\_\_

**CONSENT**

I/we hereby give consent to my son/daughter to participate in the above listed interscholastic sports program during the above listed school year. I/we also give permission for **Emergency Medical Treatment** by the team physician, school nurse, athletic trainer, hospital, and allied medical personnel for conditions arising in athletics. I/we realize that such activity involves the potential for injury that is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of school rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I/we acknowledge that I/we have read and understand this warning. Further, I/we will not hold MISO and CNMI Public School System, or its representatives responsible in any way for injuries that may occur to my son/daughter because of his/her participation in the sport listed above.

I/we understand that while on/off the campus of any MISO member school and/or under the supervision of a MISO member school, which I/we or my son/daughter/ward will be subject to the CNMI Public School System Board of Education Policy 2600 and Rules and Conduct, as defined under the school handbook on student discipline. I/we understand that I/we are responsible for arranging and/or providing transportation for my son/daughter/ward to and from the activity site.

I hereby grant permission for the release of academic records, videotapes, audio recordings, and photographs that could identify my child by name, to the school district and the media for the use in news stories as it pertains to my child and MISO and CNMI Public School System Athletics. I also grant permission for my child to be interviewed by the school district and the media as it pertains to MISO and CNMI Public School System athletics.

**Further, I/we also give permission for medical information regarding my son/daughter to be shared between the school districts physicians, nurse, athletic trainer, athletic director, MISO members and coaches.**

**Signature of Parent or Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*\* A copy of the completed Physical Examination Form must be attached to this Consent Form, before participation in MISO Sports Activities will be allowed.**