

**Risk Acknowledgement for Parents and Consent for Football Participation  
TEMECULA VALLEY HIGH SCHOOL**

**FILL IN ALL BLANKS. PRINT CLEARLY.**

**PRINT Athlete's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**My child wishes to participate in the sport of football at Temecula Valley High School. I know there are risks involved in this participation. I am aware that there is a team meeting scheduled for Thursday July 13, 2017 in Room 1221.**

**At this meeting each player will watch the DVD "Heads UP" and discuss the risks. In addition, each parent will be asked to watch the video as well or at home titled "Heads UP" which will be available on the football web site ([www.tvhsbearsfootball.com](http://www.tvhsbearsfootball.com)) starting July 13, 2017. I understand that my son will not be able to practice without my signature and the return of this form. If I have any questions about the issues surrounding my sons participation I will ask the Head Football Coach Lenny Dykes or the Athletic Director.**

**I understand that the risks include a full range of injuries including paralysis and death. I realize that neither protective equipment and padding used in football, the safety rules and procedures, the coaching instruction nor the sports medicine care provided to my athlete will guarantee safety or prevent all injuries. I agree to accept these risks as a condition of my child's participation in the football program at Temecula Valley High School.**

\_\_\_\_\_  
**Print Parent Name**

\_\_\_\_\_  
**Parent Signature**

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