



HIGH SCHOOL BOWLING CLUB

Consent and Travel Authorization Form

To be completed and signed by the bowler's parent/guardian and kept on file by the team coach.

We recommend that you purchase, at your expense, a medical insurance policy that covers all junior and high school injuries to a student involved in athletics. As a parent of a student athlete, you should be aware that all sports contain an element of danger and potential for bodily injury is always present due to the competitive nature of the activities.

It is unlawful for any person to use and or distribute human anabolic steroids. Violation of the criminal code may result in arrest. As a parent or guardian, you need emphasize to your daughter or son the importance of a drug free athletic environment.

It will be the responsibility of each participant to arrange for his/her own transportation to and from practices, matches and tournaments. This policy will not supersede any school district travel policy. Transportation will be provided in accordance with the school districts' policy.

Athletes and or parents will be held accountable for the current replacement cost of lost, stolen or damaged equipment. An athlete will be denied future equipment and the privilege of participation in athletics until financial changes have been paid.

[Please Print Legibly]

Bowler: _____ School Attending: _____ Grade: _____

I acknowledge that the Wisconsin High School Bowling Club does not provide medical insurance coverage for students involved in athletics.

I understand that the transportation is the responsibility of each middle school participant. In the event the bowling center or a coach transports bowlers, my child will have permission to be transported to and from the Wisconsin High School Bowling Club matches. By signing this consent form I am waiving liability of all parties to the club activities and assuming full responsibility for my child's transportation and will hold any school, school districts and bowling centers harmless for any actions arising as a result of travel to competition with the High School Bowling Club activities.

I understand that I will be held financially responsible for any lost, stolen or damaged equipment.

Parent/Guardian Signature

Date

Phone

Print Parent/Guardian Name

Address