



Consent to Treat

Athlete's name _____

Date of Birth _____

My child has permission to participate fully in the Seacrest Country Day School athletics program. In the event of an emergency involving my child, I hereby give permission for the staff of Seacrest Country Day School to seek necessary treatment. I will assume full responsibility for all resulting financial obligations.

Yes _____

No _____

Parent's name (print) _____

Parent's (signature) _____

Date _____