POWELL MIDDLE SCHOOL

369 East 3rd St
Powell, WY 82435
Phone: 307-764-6185 Fax: 307-764-6155

Mr. Kyle Rohrer, Principal
Mr. Chanler Buck, Assistant Principal/Activities Director

Powell Middle School Athletics Sign-Off Form

*This form takes the place of signing each of the required sports forms individually. Please review the information from each link, sign and date **JUST** this form on the lines provided below, and then, turn in both this form and the Physical Form before
the first day of practice. (The physical form will still need completed by a medical professional as usual.)

To access this form online, please go to our website at www.pcsd1.org and select Schools > Powell Middle School > Athletics. Click on the Athletics Sign-Off Form link on the right-hand side of the webpage.

- Concussion Risk Consent Form – **Concussion Risk Consent Form**
- Powell Valley Healthcare – Permission to Treat, Consent of Authorization for Release of Medical Records – **Permission to Treat, Consent of Authorization to Release Record Form**
- Activities Participation Agreement – **Activities Participation Agreement Form**
- Transportation Handbook Agreement – **Buses/Transportation/Handbook**

I have reviewed this provided information with my student. Asthe student'slegal parent/guardian, I understand and agree to the information provided in the documents listed above.

Student Name (Print)

Parent/Guardian (Print)

Parent/Guardian Signature Date