

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

2019-2020 Powell Middle School Athletics Sign-Off Form

*This form is intended to take 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 to be 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. This form will be listed under Forms, then click on the Athletics Sign-Off Form which can be found 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 Records Form](#)
- Activities Participation Agreement – [Activities Participation Agreement Form](#)

I have reviewed and understand the information provided in the documents listed above.

_____ Student Signature

_____ Parent/Guardian (Print)

_____ Parent/Guardian Signature

_____ Date