

Sports Medicine Community Outreach Program

ATHLETE SUPPORT CONSENT

Program - As a service to the community and for the improvement in the health of students in the Tahoe Truckee Unified School District, Tahoe Forest Hospital District, Tahoe Forest Physical Therapy and Truckee Physical Therapy are offering Athletic Training services to the students of Truckee High School/North Tahoe High School. The goal of this program is to improve the well-being of student athletes by improving their athletic performance while reducing their potential for injury. The program consists of coaching support, assistance with team training and game coverage as time/schedule permits. Please review the following consent which will allow us to assist your son/daughter with the above program.

Student Name: _____

School: _____

Sport(s): _____

YES, I consent to allow my son/daughter to work with an Athletic Trainer and/or Physical Therapist from the Sports Medicine Community Outreach Program. Currently, staff is provided by Tahoe Forest Physical Therapy and/or Truckee Physical Therapy. This consent will cover general assessments of abilities and potential injuries. The scope of assistance may include recommendations for exercise, use of ice, assessment of range of motion, assessment of strength and taping or wrapping of joints/muscles. In the event of the injury, any assessment would be preliminary and **would not replace the evaluation of a physician.** By agreeing below, parent/guardian expressly releases, discharges, waives, relinquishes, and agrees not to sue Tahoe Forest Hospital District, Tahoe Forest Physical Therapy, Truckee Physical Therapy and their officers and agents for all such claims, demands, injuries, damages or cause of action with respect to use of the services provided under this program.

NO, I do not want my son/daughter to work with an Athletic Trainer and/or Physical Therapist from the Sports Medicine Community Outreach Program.

In the event of a need for additional medical care, please indicate your physician:

Physician Name

Name Of Parent Or Guardian

Date

Signature Of Parent Or Guardian If A Minor

A service to the Athletes of Tahoe Truckee Unified School District