



Assumption of Risk and Injury, Illness, and Medical Procedures

Dear Parents/Guardians,

The following information is to advise you regarding the risks of injury and the medical coverage requirements for those student athletes who choose to compete in athletics at Success Unlimited Academy.

1. Assumption of Risk –athletics may constitute a dangerous activity involving risks of injury. Those dangers and risks of playing or practicing include, but are not limited to, death, severe neck and spinal injuries which may cause complete or partial paralysis, brain damage, severe internal injury, severe injury to bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. It is understood that such injury may result in serious impairment of future abilities to engage in activities of normal daily living.
2. Athletic Medical Eligibility – All student athletes must complete and pass a Pre-Participation examination scheduled through the Success Unlimited Academy medical services. The physical examination is effective for the duration of the academic year. However, at any time, Rehab Associates team member, Athletic Director, and/or Senior Administration may request reexamine of a student athlete and change his/her status should the situation warrant.
3. Medical Treatment – The Success Unlimited Academy Sports Medicine Staff’s care is restricted to only those injuries sustained while practicing or playing in your selected sport during the academic year. The Success Unlimited Academy Sports Medicine Staff is not permitted to provide medical treatment for illness or injury resulting outside your sport. The student - athlete must report all injuries and illnesses occurring as a result of practice or competition to a Certified Athletic Trainer within three days from the occurrence. By signing this form, you acknowledge that you have read and understand the above warnings and guidelines. This form must contain the signature of both the student athlete and parent/guardian regardless of the athlete’s age.

Student Athlete Signature _____ Date _____

Parent Guardian Signature _____ Date _____