

**Tahoe Forest Hospital District**  
**Sports Medicine Community Outreach Program**

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**ATHLETE SUPPORT CONSENT**

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**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 and Tahoe Forest Physical Therapy are offering services to the students of Truckee High School/North Tahoe High School. The goal of this Sports Medicine Community Outreach 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 functional movement screening, coaching support, assistance with team training, injury identification, athletic training, baseline and follow-up concussion assessments and game coverage as time/schedule permits. The program is a collaboration of physicians, physical therapists, athletic trainers and volunteers from our community. Please review the following consent which will allow us to assist your son/daughter.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

**YES, I consent** to allow my son/daughter to participate in the Sports Medicine Community Outreach Program. This consent will cover general assessments of abilities, potential injuries and concussion baseline and follow-up testing. The scope of assistance may include recommendations for exercise, use of ice, assessment of range of motion, assessment of strength, taping or wrapping of joints/muscles and recommendations for the need of further treatment or medical consultation. In the event of a sports-related injury, any assessment would be preliminary and **would not replace the evaluation of a physician in their office setting.** By agreeing below, parent/guardian expressly releases, discharges, waives, relinquishes, and agrees not to take legal action against Tahoe Forest Hospital District and Tahoe Forest Physical Therapy, their Medical Directors, officers and/or agents for all such claims, demands, injuries, damages or cause of action with respect to use of the services provided under this program. \_\_\_\_\_

**Initials**

**NO, I do not want** my son/daughter to participate in the Sports Medicine Community Outreach Program.

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**Initials**