

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION  
ANNUAL PARENT OR GUARDIAN PERMIT**

I hereby give my consent for \_\_\_\_\_ GRADE \_\_\_\_\_  
Name (Please Print) 2016-17 SCHOOL YEAR  
who was born at \_\_\_\_\_ on \_\_\_\_\_  
City, Town, County, State Date of Birth  
to compete in SDHSAA approved athletics for \_\_\_\_\_ High School during the 2016-2017 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Signed \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_  
Parent or Legal Guardian

**THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.**

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**INTERIM PRE-PARTICIPATION HISTORY**  
(Used in conjunction with the Biennial/Triennial examination.)

**SEE REVERSE SIDE FOR  
HEALTH HISTORY QUESTIONNAIRE**

