

For office use: Cleared to try out/play by Health Office

Coach: Needs inhaler Needs epi-pen

ANNUAL FORM C

School Year ____ / ____

BOARD POLICY:

All students participating in school sponsored sports activities shall be required to be covered by student accident insurance and/or family insurance as a prerequisite for participation in the activity.

_____ My child has student activity insurance and/or family health and accident insurance.

_____ My child has no insurance.

STUDENT CONTRACT:

I have read the rules in the student handbook pertaining to athletics. I agree to abide by these rules and any others that have been approved by the School Administration. I understand that the penalty for breaking the rules may mean suspension from the team. The penalty for violations of training rules involving use of alcohol, drugs and tobacco will be expulsion for the remainder of the sports season.

PERMISSION FOR EMERGENCY MEDICAL CARE:

My/our child wishes to participate in sports programs at: *(Please check one of the following)*

_____ Presque Isle Middle School Grade: _____

_____ Presque Isle High School Grade: _____

I hereby give my consent for _____ to represent SAD #1 in athletic activities to accompany any school team of which he/she is a member of to its local or out of town trips. In case of accident or illness I request the school contact me. If unable to reach me, I authorize the school to obtain any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travels.

(I/we understand that participation in this program isn't required of my/our child, that it's completely voluntary and that participation does expose my/our child to a risk of injury, paralysis, other permanent disability or even death.)

I/we understand information will be provided by the coaches at the beginning of each sports season. This meeting will include the training of participants, the eligibility and safety rules, any equipment to be used, the medical insurance requirements and the school's emergency medical plan. I/we will have had all my/our questions adequately answered by school staff.

I have reviewed the Board Policy, Student Contract, and Permission for Emergency Medical Care.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell Phone(s): _____

Emergency Contact if Parents not available:

Name: _____ Phone: _____

Name: _____ Phone: _____

(PLEASE COMPLETE OTHER SIDE)