

## ASTORIA MIDDLE SCHOOL - ATHLETIC PARTICIPATION PERMIT

***\*PLEASE CIRCLE ALL SPORTS YOU PLAN TO PARTICIPATE IN FOR THE CURRENT SCHOOL YEAR\****

|                       |                   |                      |                   |
|-----------------------|-------------------|----------------------|-------------------|
| <b>FALL SPORTS:</b>   | <b>FOOTBALL</b>   | <b>CROSS COUNTRY</b> | <b>VOLLEYBALL</b> |
| <b>WINTER SPORTS:</b> | <b>BASKETBALL</b> | <b>WRESTLING</b>     |                   |
| <b>SPRING SPORTS</b>  | <b>TRACK</b>      |                      |                   |

|                               |                           |                         |                               |
|-------------------------------|---------------------------|-------------------------|-------------------------------|
| <b>STUDENT NAME:</b>          | <b>GENDER:</b>            | <b>GRADE:</b>           | <b>BIRTH DATE:</b>            |
| <b>HOME ADDRESS:</b>          | <b>HOME PHONE:</b>        | <b>PARENT/GUARDIAN:</b> | <b>PARENT/GUARDIAN PHONE:</b> |
| <b>IN CASE OF EMERGENCY:</b>  | <b>RELATIONSHIP:</b>      | <b>PHONE #:</b>         | <b>FAMILY DOCTOR:</b>         |
| <b>FAMILY DOCTOR PHONE #:</b> | <b>CHRONIC ILLNESSES:</b> | <b>ALLERGIES:</b>       | <b>CURRENT MEDICATIONS:</b>   |

### PARENT OR GUARDIAN PERMIT

I want my child to have the privilege of participating in competitive school athletics and therefore has my permission to compete in all sports on any regularly scheduled trips. Exceptions, if any: \_\_\_\_\_ while I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that students are held responsible for all player's equipment owned and issued by the school.

### AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD

As parent or legal guardian of the following student, \_\_\_\_\_, I hereby authorize the supervising athletic coach, school employee, or his/her designee at the time of the accident to consent to any medical or surgical treatment of the above student which such person deems advisable if a parent or legal guardian cannot reasonable be located when the student is taken to treatment. The above authorization will be effective while participating in school activities.

### INSURANCE ARRANGEMENTS

**MUST CHECK ONE:** (*Athletes **cannot** participate without insurance coverage.*)

\_\_\_\_\_ I desire for my child to take out the athletic insurance policy offered through the school. (effective at time of payment.) \_\_\_\_\_ my child is fully covered by insurance carried by his/her parents or guardian and the school *will not* be liable for any injury that occurs during athletic practices, contests, or travel to and from athletic contests.

INSURANCE COMPANY NAME: \_\_\_\_\_

POLICY NUMBER OR GROUP NUMBER: \_\_\_\_\_

**PARENT:**

I understand that my child's performance as an athlete and the reputation of my school are dependent, in part, on my conduct as an individual. \_\_\_\_\_ (initial)

**STUDENT:**

I understand that my performance as an athlete and the reputation of my school are dependent, in part, on my conduct as an individual. \_\_\_\_\_ (initial)

I hereby agree to accept and abide by the standards, rules and regulations set forth by the Astoria School District Board. I have received and read a copy of the Astoria Middle School Athletic Policy. I understand the policy and the administrative rules.

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

\_\_\_\_\_ DATE

PRINT STUDENT NAME: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_

\_\_\_\_\_ DATE

*\*form must be signed and returned to AMS office before the student will be permitted to participate\**