

MSAD #15 Athletic Participation Form & Questionnaire

STUDENT: _____ AGE: _____ GRADE: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ PARENT'S NAME (S): _____

MOM'S (W) PHONE: _____ DAD'S (W) PHONE: _____

CELL PHONE _____

TO THE STUDENT: This application to compete in Interscholastic Athletics for G-NG MSAD #15 is entirely voluntary on my part and made with the understanding that I have not violated any eligibility rules of the Maine Principals' Association. I have read, fully understand and agree to abide by the GNG Athletic Code and training rules.

STUDENT SIGNATURE: _____ DATE: _____

FOR THE PARENT: I hereby give my consent for the above named student:

- (1) to participate in Interscholastic Athletics sponsored by the school.
- (2) to accompany any school team of which he/she is a member on any out-of-town trips.
- (3) to authorize the school to obtain through a physician of its choice, any medical emergency care that may become reasonably necessary in the course of such athletic activities or travel.

PARENT SIGNATURE: _____ DATE: _____

NOTE: (1) All participants are required to have an in force accident coverage insurance program.
(2) This form must be filled out and returned to the Athletic Administrator's Office before the can draw equipment, practice, or compete.

Please list the name and telephone number of a person who may be reached in an emergency in the event that the parent or guardian cannot be reached:

NAME: _____ HOME PHONE: _____ WORK PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

DENTIST _____ PHONE: _____

PLEASE CIRCLE THE ACTIVITIES FOR WHICH YOU GIVE PERMISSION

FOOTBALL	SOCCER	BASKETBALL	ICE HOCKEY	BASEBALL
INDOOR TRACK	CHEERING	GOLF	SOFTBALL	CROSS COUNTRY
ALPINE SKIING	OUTDOOR TRACK	NORDIC SKIING	FIELD HOCKEY	

TO BE FILLED OUT BY PARENT:

- | | | |
|--|-----|----|
| 1. Has had injuries requiring medical attention. | YES | NO |
| 2. Has had illness lasting more than a week. | YES | NO |
| 3. Is now under a physician's care. | YES | NO |
| 4. Takes medication now. | YES | NO |
| 5. Wears glasses. | YES | NO |
| 6. Wears contact lenses. | YES | NO |
| 7. Has had a surgical operation. | YES | NO |
| 8. Has been hospitalized. | YES | NO |
| 9. Do you know of any reason why this individual should not participate in all sports? | YES | NO |
| 10. Has had chronic illness(diabetes, asthma,epilepsy) | YES | NO |

Please explain any "YES" answers to the above questions:

11. Most recent tetanus toxiod immunization_____ Date

12. I also certify that we have (Please check one)
_____enrolled in the school accident insurance program
_____adequate personal medical/accident insurance coverage
Company Name:_____
Policy Number: _____

Parents Signature:_____

WE UNDERSTAND THAT THE GRAY-NEW GLOUCESTER SCHOOL COMMITTEE, ITS AGENTS, SERVANTS OR EMPLOYEES CANNOT BE HELD RESPONSIBLE FOR ANY INJURY OCCURING AS A RESULT OF PARTICIPATION IN THE ATHLETIC EVENT, AND THAT THERE ARE INHERENT DANGERS AND RISKS IN PARTICIPATING IN ANY ATHLETIC EVENT. WE HEREBY ACCEPT THESE INHERENT DANGERS AND RISKS. WE HEREBY AGREE TO NOTIFY THE HIGH/MIDDLE SCHOOL OF ANY CONCERNS OR PROBLEMS THAT EITHER OF THE UNDERSIGNED SEE REGARDING THE ATHLETIC EVENT (S).

It is the belief of the Athletic Department of Gray-New Gloucester High/Middle School that it is an honor and privilege to be a member of any athletic team at Gray-New Gloucester. All members of a team are representatives of not only their team but of their school as well. In view off these facts, the preceding regulations have been established for all team members. Any athlete receiving this contract from a coach or school official agrees to abide by these stipulations until such contract is returned.

By signing, both the parent/guardian and the athlete acknowledge that they have read, understand and agree to abide by the stipulations set forth in the Gray-New Gloucester Co-curriculum Policy and Procedures (3.13) and the athletic handbook.

SIGNATURE OF ATHLETE_____ DATE_____

SIGNATURE OF PARENT/GUARDIAN_____ DATE_____