

Poland Regional High School
Bruce M. Whittier Middle School
Student/Parent Athletic Participation Contract

Please note that not student-athletes will be allowed to try-out, practice, draw equipment or compete on any interscholastic team until this form has been completed and turned in to the office of the Director of Co-Curricular Activities.

ASSUMPTION OF RISK AND PERMISSION FOR MEDICAL TREATMENT

I am aware that playing or practicing to play/participate in any interscholastic sports can be a dangerous activity involving MANY RISKS OF INJURY, I understand that the dangers and risks of playing or practicing to play/participate in interscholastic sports include the risk of serious injury or impairment to various aspects of my body, general health and well-being.

Because of the dangers of participating in interscholastic sports, I recognize the importance of following coaches' instructions regarding playing and training techniques, team rules, and other directions issued by the school, and agree to obey such instructions.

In consideration of Poland Regional high School/Bruce M. Whittier Middle School permits me to try out for interscholastic sports and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I hereby assume all of the risks associated with participation. The terms thereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital/medical personnel designated by Poland Regional High School/Bruce M. Whittier Middle School coaching staff to attend to my son/daughter.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PERMISSION INSURANCE RESPONSIBILITY PLEDGE

My signature indicates permission for my son/daughter to participate in interscholastic athletics and also acknowledges my responsibility for providing medical insurance coverage for my son/daughter throughout the period of participation.

Sport: _____ (Fall)

_____ (Winter)

_____ (Spring)

POLAND REGIONAL HIGH SCHOOL
BRUCE M. WHITTIER MIDDLE SCHOOL
PERMISSION FOR EMERGENCY MEDICAL TREATMENT
CO-CURRICULAR DEPARTMENT
2010-11

Name: _____ Age: _____ Grade: _____
Address: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Home Telephone: _____

Work Telephone: _____

E-Mail Address: _____

Contact person other than those named above in case of an emergency:

Name: _____

Relationship with person: _____

Telephone: (H) _____ (W) _____

MEDICAL HISTORY: (MPA mandates physical examinations every 2 years)

Date of last physical examination: _____

Head injury? Yes ___ No ___ If yes, how many? ___ Most recent? _____

Diabetes? Yes ___ No ___ If yes, controlled by? _____

Asthma? Yes ___ No ___ If yes, inhaler type? _____

Allergies? Yes ___ No ___ If yes, what to? _____

Allergies controlled by? _____

Epilepsy? Yes ___ No ___

Medications? Yes ___ No ___

If yes, Identify _____

Bee Sting? Yes ___ No ___ Medicine to counter: _____

Do you wear contacts? Yes ___ No ___

Other Conditions: _____

Name of Family Physician: _____

Phone: _____

INSURANCE INFORMATION:

Insurance Company: _____

Telephone: _____

Policy Holder: _____

Policy Number: _____