East Marshall Community Schools

STUDENT PARTICIPATION FORM

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN PERMISSION INFORMATION

I understand that my child will be asked to pay the cost of school equipment lost or stolen while in his/her care.

Permission to participate in athletics for the East Marshall Community School District is entirely voluntary on my part and is made with the understanding that I have read the eligibility and good conduct rules and regulations of participation (located in the Parent’s Handbook for Athletics) and that I will abide by these to the very best of my ability. I have received a current physical examination and filed this examination form that includes health and injury information with the Athletic Office.

I understand that there is some danger in all athletics and injuries occur; but I must assume some of the responsibility to prevent injuries from occurring.

I understand that athletic competition includes an inherent risk of injury; including the risk of catastrophic injury and that the school carries no health or accident insurance on my child.

Parents will be responsible for any cost associated with health and accident care of his/her child.

\_\_\_\_\_\_\_\_ My son/daughter has my permission to play sports.

\_\_\_\_\_\_\_\_\_\_\_\_ My son/daughter does not have permission to play sports.

Dated this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

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Parent/Guardian Signature Student/Athlete Signature

 FORM MUST BE SIGNED BY BOTH STUDENT/ATHLETE AND PARENT/GUARDIAN