

Students will be required to complete just one Sports Participation Form which will remain on file for the entire school year.

**2011 - 2012
BLACK RIVER HIGH SCHOOL/MIDDLE SCHOOL
Sports Participation
Permission Form**

Student's Name _____ Date ___/___/___

Grade _____ Age _____

My child has permission to participate in (please check all that apply): Soccer / Cross Country / Basketball / Ski Team / Snowboarding / Cross Country Skiing / Golf / Softball / Baseball (**Circle all that apply**) at Black River High School for the 2011-2012 school year.

My child is covered by the following insurance:

Name of Company: _____

Policy #: _____

Parent/Guardian Signature: _____ Date: ___/___/___

******PLEASE NOTIFY THE ATHLETIC OFFICE IF THERE IS A CHANGE IN INSURANCE COVERAGE DURING THE SCHOOL YEAR******

Date of last physical: _____ **(REQUIRED)**

Please note any allergies or medications: _____

To compete in athletic activities, athletes must have had a physical examination within the last two years of the athletic season.

Complete below ONLY if your child has not had a physical in the last two years.

I have examined the above student and find that he/she is able to compete in school athletic activities.

Signature of Doctor

___/___/___
Date of Examination

Please list any limitations:

ATHLETIC CONTRACT

2011-2012

I, _____, have read and acknowledge the rules,
(Print first/last name)

regulations, and policies of the Athletic Handbook for Black River High School. I accept and agree to abide by the rules, regulations and policies governing the participation in athletics at Black River High School. By signing below I agree:

- That participation on an athletic club/team is an honor and a privilege
- To practice good sportsmanship
- To commit to attending practices and games, and notify my coach if I am unable to attend
- To attend school and classes regularly
- To ride to and from games on the bus, unless otherwise excused
- To turn in my uniform (washed) and all other equipment issued to me for the participation on a club or team sport, within one week of the completion of the sports season.
- That I will not use drugs, alcohol or any form of tobacco
- That I will not participate in any hazing activities
- **That I have provided proof of insurance and that I have had a physical exam in the last two years.**

Please refer to the Athletic Handbook for specific detail on the above.

Date: _____

Student Signature

Parent Signature

RELEASE FOR MEDICAL TREATMENT

We (I) _____, the natural parents and/or legal guardians for:

_____ will be out of direct contact with my child for the period beginning _____, 2011 and ending _____, 20___. During this time my child is under the supervision of _____ who has authority to provide medical consent for my child on my/our behalf if we cannot be contact at the phone numbers listed below.

Date: _____

Parent/Legal Guardian Signature

.....
Parent/Guardian Contact Information:

Telephone Numbers:

Address: _____

Home _____

Work _____

Other _____

Child's Date of Birth: _____

Family Physician: _____ Telephone Number _____

Allergies: _____ Daily Medication:

Tetanus Status: _____ Current Medications:

I give my permission for the coach to administer first aid before calling for medical assistance.

(Signature of Parent/Legal Guardian)

NOTE: THIS FORM MUST BE PRESENTED AT THE TIME OF TREATMENT. EVERY EFFORT WILL BE MADE TO REACH PARENTS/GUARDIAN NOTWITHSTANDING THIS RELEASE FORM.

**Extracurricular Activity
Substance and Alcohol Abstinence Agreement
2011-2012**

This agreement must be signed and returned to the coach or Athletic Director before a student may participate in any practices, games, or extracurricular activities. Please print your child's name on the first line of the agreement and sign where indicated.

STUDENT AGREEMENT

I, _____ have read and understand the Rules Prohibiting Alcohol, Illegal Drugs, and Tobacco Use.

By signing this acknowledgment form I agree to abstain from the possession or use of any alcohol, illegal drugs, or tobacco product regardless of time, place, or occasion.

I understand that if it is determined that I have been in possession or use of any alcohol, illegal drugs, or tobacco product that any time from the beginning of the first day of student activities/school in August through the last day of school and/or the last student activity, whichever is later, that I will be subject to the consequences for any and all activities in which I participate.

Student Signature

Date

PARENT/GUARDIAN AGREEMENT

I have read and understand the Rule Prohibiting Alcohol, Illegal Drugs and Tobacco Use.

By signing this acknowledgment form I agree to support my son or daughter in their promise to abstain from the possession or use of any alcohol, illegal drugs, or tobacco product regardless of time, place, or occasion.

I understand that if it is determined that my son or daughter has been in possession or has used any alcohol, illegal drugs, or tobacco product at any time from the beginning of the first day of student activities in August through the last day of school and/or the last student activity, whichever is later, that he/she will be subject to the consequences for any and all activities in which he/she participates.

Parent Signature

Date