AUTHORIZATION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS FORM

Note: All registration forms may be completed and submitted on-line at www.familyid.com

By electronically signing and submitting the Authorization to Participate in Interscholastic Athletics Form (page 20), I hereby authorize and consent to my child's participation in interscholastic athletics and sports. I understand that the sport in which my child will be participating is potentially dangerous, and that physical injuries may occur to my child requiring emergency medical care and treatment.

I hereby give my consent and authorize the Board of Education of St. Mary's County and its agents, servants, and/or employees to consent on my behalf and on behalf of my child, to emergency medical care and treatment in the event I am unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

I understand and agree that I will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of my child, and agree to provide proof of insurance coverage of my child against accidents and injuries in school sponsored games, and practice sessions, and during travel to and from athletic contests. Such coverage may be provided by the purchase of scholastic accident insurance; otherwise, proof of similar or superior coverage must be presented.

Due to the possibility of transmitting communicable diseases in close contact situations, student athletes and their parents should consider this issue carefully before consenting to participation. Routine screening tests for hepatitis or HIV infection are not indicated by public health guidelines as a condition for participation in sports. Students with a communicable disease may or may not participate in athletics based on the transmission risk to others or health risk to themselves. Questions regarding health concerns should be discussed with your family physician. Additional health information is available from the St. Mary's County Health Department at (301) 475-4330 or the Supervisor of Health Services at (301) 475-5511, extension 32205.

Students who have made a decision to take part in the athletic program will be required to practice and participate in scheduled contests after school and possibly on non-school days. Supervision at practice, games, and travel will be provided by the school. In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in St. Mary's County Public Schools as approved by the County Board of Education and the State Department of Education.

If a student is attending a high school without the benefit of ***residing (with parents or legal guardians)*** within the school's attendance area and/or without special permission of the Department of Student Services, the student in question is subject to disciplinary action which could result in loss of athletic eligibility for a period of time, ineligibility in a specified sport for the forthcoming year or penalties as may seem justified in the particular case. *A student being taught by parental request at home (home instruction/home schooled) is not enrolled in the St. Mary's County Public Schools and cannot participate in athletics.* The athlete's team and school will be penalized for failure to comply with MPSSAA regulations.

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<table>
<tr><td colspan="3">Student Information</td><td colspan="3">Student ID Number</td></tr>
<tr><td colspan="3">Name (Son/Daughter/Ward)</td><td>Grade</td><td>Age</td><td>Birth Date</td></tr>
<tr><td colspan="6">Race
☐American Indian/Alaskan Native ☐Asian/Pacific Islander ☐African American ☐White - Non-Hispanic ☐Hispanic</td></tr>
<tr><td colspan="6">Relationship of Person Signing Form to Student (father, mother, guardian, etc.)</td></tr>
<tr><td colspan="6">Parent/Guardian Email Address (Please print clearly.)</td></tr>
<tr><td colspan="6">Name of School</td></tr>
<tr><td colspan="6">Community or Development of Residence (if known)</td></tr>
<tr><td colspan="6">I also declare and affirm that my child:
[ ] Resides (with parents or legal guardians) within the above attendance area, OR
[ ] Is attending the above school with special permission of the Department of Student Services of St. Mary's County Public Schools.</td></tr>
<tr><td colspan="6">[ ] YES [ ] NO - I hereby give my approval for photographs/videos of my child taken during his/her participation in the athletic program to be used for publication in materials of local, state, or national distribution. (Please check one box.)</td></tr>
<tr><td rowspan="2">Insurance Required
My son/daughter/ward, is covered by accident/medical insurance as follows:</td><td>Insurance Company</td><td colspan="4">List "school insurance" or name of other company</td></tr>
<tr><td></td><td colspan="4">Policy Number</td></tr>
<tr><td colspan="6">Medical Information</td></tr>
<tr><td colspan="3">Family Physician</td><td colspan="3">Telephone Number</td></tr>
<tr><td colspan="3">Dentist (if known)</td><td colspan="3">Telephone Number</td></tr>
</table>

By evidence of the signatures below, you are testifying that you:

- have read the *Guide for Student Athletes and Parents* packet
- have read the provisions of the *Authorization to Participate in Interscholastic Athletics* forms
- understand the residency and eligibility standards
- have read the *Athletic Code of Conduct* and *Sportsmanship, A Self-Assessment Tool for Parents*
- have read the information provided on concussions, MRSA and Sudden Cardiac Arrest
- have given/received permission for the above named student to participate in sports for the 2019-2020 school year

Failure to complete, sign, and return this form to your child's coach will result in her/his exclusion from participation in the Interscholastic Athletic Program of St. Mary's County Public Schools.

Important: If there is a change in student residency, insurance, or medical status during the sports season/current school year, parents must notify the athletic director immediately and update this form.

Student's Signature	Date	Parent's/Legal Guardian's Signature	Date