

# STUDENT ATHLETIC PARTICIPATION FORM

## MIDDLETOWN PUBLIC SCHOOLS

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPORT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_ MONHAGEN: \_\_\_\_\_ TWIN TOWERS: \_\_\_\_\_

Dear Parent/Guardian:

Your child has expressed a desire to participate in our interscholastic athletic program. It is important that you and your child understand the goals of the program and agree to abide by the rules established by the district for the benefit of those who participate as players, students, and representatives of their community.

Interscholastic sports are a part of a broad extracurricular program designed to teach students certain skills and reinforce concepts of self-worth (achievement), cooperative effort (teamwork), and ethical decision-making (sportsmanship).

All participants must receive a sports physical examination before participating in interscholastic athletics. The results of the examination shall be valid for qualifying a student's participation for a period of 12 continuous months. The sports physical may be performed by the school physician or nurse practitioner or by your own family physician. Please indicate on the Annual Health History form whether you would like the school to provide the physical exam or if you would like to have your family physician perform the examination.

The coaching staff and other responsible school officials will do everything within reason to protect your child against injury, including the provision of appropriate equipment, safe facilities, and training designed to reduce the impact of accidents. However, an injury may occur and on a very rare occasion, may be serious or disabling. If you are concerned about this possibility, you should discuss this with your child's coach.

School insurance for the medical treatment of school sports related injuries is applicable only after the parents'/guardian's health insurance has been paid. Our insurance is scheduled; excess coverage and generally will not pay the full cost of treatment. The cost of medical benefit insurance on a total basis would be so costly as to effectively eliminate the program.

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During the first three (3) team meetings, the coach will explain the attendance, training, and eligibility rules for participation. In addition to the strict observance of these rules, your child will be expected to continue to observe all regular school obligations of good citizenship and academic achievement.

Not all students who wish to participate in the interscholastic athletics program may be able to do so. Occasionally the number of players on a team is limited by the availability of team positions, equipment available, or the number of coaches. Occasionally if cuts are made, they will be made on the basis of skill, readiness for competition, and observance of the rules. Children will be permitted to compete when they have met all eligibility standards.

School equipment issued to your child for participation is his or her responsibility, and must be returned promptly upon request. Reimbursement from the student will be expected for loss or destruction beyond ordinary wear and use.

We hope your child has a rewarding athletic experience. Your support and encouragement of your child's endeavor will contribute to that success.

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Director of Physical Education, Health & Athletics

I have read the information in the above letter and understand both the risks of injury and the responsibilities of my child while participating in the interscholastic athletic program. I have made a copy of this document and I give my permission for my child to participate in

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(NAME OF SPORT AND LEVEL OF SPORT)

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

I understand that I will be required to abide by team, school, and other applicable rules in order to maintain my eligibility to participate in interscholastic athletics.

DATE: \_\_\_\_\_ STUDENT SIGNATURE: \_\_\_\_\_