

Consent for Athletic Participation/Acknowledgement of Risk/Acknowledgement of Athletic Eligibility Rules

I hereby consent for my child to participate in sports at Montrose Community Schools (MCS) and confirm that a completed physical form, dated on/after April 15 of the previous school year, has been submitted. I understand that it is the responsibility of the athlete to care for all equipment issued through the athletic programs at MCS. I also agree to assume full financial responsibility for any equipment damaged (beyond normal use) or not returned. Failure to do so will result in the loss of the athlete's ability to take part in any future portion of the athletic program.

I hereby acknowledge that I have been fully advised, cautioned and warned by the proper administrative and coaching staff at MCS that my child may suffer injury including, but not limited to, sprains, fractures or more severe injuries by participating in sports. In accordance with Public Acts 342 and 343 of 2012, I/we have reviewed the Concussion Fact Sheets for Parents and Athletes provided online at montroseschools.org. Notwithstanding such warning and with full knowledge and understanding of the risk of serious injury that may result to my child, I give consent for said child to participate in athletics at Montrose Community Schools. **I am also aware that the school does not carry medical insurance to cover student athlete medical costs, ambulance services, etc.**

I acknowledge that MCS follows MHSAA rules for academic eligibility and the athlete is aware of these rules. I further understand that MCS is a closed campus; students must be in the building for the entire school day, including lunches, to participate in athletics that day. Parents must call the Athletic Office (810-591-8824) 24 hours in advance to excuse an athlete for doctor appointments, etc, barring extenuating circumstances; Physician notes are required for athletes to participate that day. Failure to follow school athletic rules will result in the athlete being ineligible to participate.

I further acknowledge that I have read the school handbook and understand the athletic eligibility requirements and the athletic participation fee policy, and understand that failure to make timely payments for athletic participation will result in my student being ineligible to participate in sports

MEDICAL TREATMENT CONSENT

I, parent/guardian of child(ren) named below recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for such care. I hereby consent in advance to emergency/hospital care as may be deemed necessary under the then-existing circumstances and to assume the expense of such care.

Parent/Guardian Signature/Date:

Student #1 Name: Grade:

Student #2 Name: Grade:

Student #3 Name: Grade:

Student #4 Name: Grade: