

(To be executed by parent or legal guardian only)

A student shall not be permitted to practice or compete in OSC Interscholastic athletics until he/she has completed the information below and furnish a certified copy of his/her BIRTH CERTIFICATE. This information is important and must be on file in the office of the athletic director.

Section I: Athlete's Application and Personal Information

Name _____ Male _____ Female _____ Age _____

Name of Parent/Guardian _____ Student's Date of Birth _____

Address of Parent/Guardian _____ Phone _____

STUDENT PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

If an athlete shows a lack of self-discipline, poor attitude, or does not fulfill his/her commitments to the athletic program, the coach of that sport shall have discretion to suspend the student from athletic participation in that sport for the remainder of the season.

Section II: PARENT PERMISSION

I hereby give my consent for the above student to represent his/her school in interscholastic athletics and for him/her to accompany the team on athletic trips, under the coach's directions and authority,

I also give the athletic department permission to use my child's name on the radio, television, and in the newspaper.

I understand that each student participant must be medically screened prior to participation in any sport. I hereby give my consent for my child to be examined by a medical doctor and the results by released to the Oxford School District Athletic Department. I further understand that this basic medical screening is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments which may be affected by athletic participation. I give my permission for the student to participate in organized sports. I/we acknowledge that even with the best coaching, use of the most advance protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I also authorize the responsible supervisor or athletic coach to obtain, through a physician of his choice, any emergency medical care that may become necessary for the athlete in the course of such athletic activities or such travel.

Section III: INSURANCE

- a. If participant has a medical insurance company, list company. _____ and policy number _____.
- b. Parent/Guardian must sign a waiver form that indicates that he/she assumes any expenses for liability not covered by the school provided insurance program and/or other medical coverage, for injury received by the above named student while participating in organized athletics.

The Oxford School District Athletic Department provides for all participants in interscholastic sports activities, grades 7-12 inclusive, insurance against catastrophic injuries through the Mississippi High School Activities Association.

The undersigned shall be responsible for furnishing the athletic department of the Oxford School District with any changes in the above information.

My signature attests that I have read, understand, and concur with the information of this form and that I am the parent of legal guardian of the above named student.

Date _____ Signature of Parent/Guardian _____

I have read and understand the information on this form and agree to the terms thereof.

Signature of Student _____