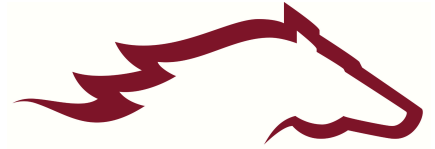


FOXCROFT ACADEMY



2024-2025 Co-Curricular Policy

Student Name: _____

Grad Year: _____

I have read, understand, and agree to comply with the rules and expectations of Foxcroft Academy's Co-Curricular Policy. I recognize that by violating rules and expectations I may forfeit my privilege to represent Foxcroft Academy in co-curricular activities. My participation is voluntary and is not without physical risks associated with the activities that I choose to participate in, including, but not limited to, musculoskeletal injuries, concussion, and exposure to infectious diseases.

Student Signature: _____ **Date:** _____

Parents/ Legal Guardians:

I have read and understand the rules and expectations of Foxcroft Academy's Co-Curricular Policy and agree to allow the above student to participate. I further consent for the above students to (1) represent Foxcroft Academy in co-curricular activities, (2) accompany the team or organization on bus trips off campus, (3) for the school to provide or obtain emergency medical treatment that may become necessary for the student in the course of activities or travel. I understand that participation is voluntary, and is not without physical risks associated with the activities that I choose to participate in, including, but not limited to, musculoskeletal injuries, concussion, and exposure to infectious diseases.

Parents/ Legal Guardian Name: _____ **Date:** _____

Parents/ Legal Guardian Sign: _____ **Date:** _____

Insurance

Foxcroft Academy carries a student accident insurance policy that covers all student-athletes while they are participating in school-sponsored athletics. Any family may purchase a voluntary accident insurance policy for non-interscholastic sporting activities. For more information, please contact the business office at (207)564-8351

My student is adequately covered by another insurance plan:

Insurance Company: _____ Policy #: _____

Order of payment for medical bills:

1. Personal insurance
2. School insurance
3. The remaining balance paid by the family