

*Bring this completed form to your coach on your first day of try-outs or practice.

Mt. Ararat Middle School Athletics

Parent Consent, Acknowledgement of Inherent Risks and Expectations

Prior to participation in any athletic program at Mt. Ararat Middle School this form must be filled out completely and accurately and turned in to the coach. False or incomplete information may lead to suspension from any activity.

Athletes Complete Name: _____ **Age:** _____
Last First Middle

Date of Birth : _____ **Home Phone** _____ **Cell Phone** _____
Month Day Year

Parent/ Guardian Names: _____ **email address:** _____

All students participating in middle school athletic programs must demonstrate proof of possessing their own health insurance coverage in order to be eligible to participate. Enter here the name of your insurance company and policy number. **Insurance company:** _____ **Policy number:** _____

All athletes are required to have had at least one physical prior to participating in their first sport at Mt. Ararat M.S. **Date of last physical examination:** _____ **Physician:** _____
Month Day Year

Parent or Guardian Consent and Student Acknowledgement

I hereby give my consent for the above mentioned student to engage in interscholastic athletics at Mt. Ararat Middle School. I also give my permission to allow the same student to accompany any school sponsored team which he/she is a member of on transportation provided by S.A.D. 75 or approved alternate transportation. I also authorize the school, through a physician or athletic trainer of its' own choice, any emergency medical care, injury evaluation or rehabilitation that may become reasonably necessary for the above student during the course of such activities.

Furthermore, I, along with my child, understand that participation on Mt. Ararat athletic teams is purely voluntary. We also understand that there are inherent risks which are associated with sports participation including, but not limited to infections, eye injuries, sprains, fractures, dislocations, cartilage damage, which could result in a temporary or permanent, partial or complete impairment in the use of limbs; brain damage; paralysis or even death. Notwithstanding such warnings and with full knowledge and understanding of the inherent risk of serious injury which may occur, our/my child named above chooses to participate voluntarily and, we/I give consent to our child to participate on any Mt. Ararat athletic team **throughout the current school year.**

Additionally, we/I understand that standards relative to academic performance as well as policies governing use of alcohol, tobacco, drugs or other illegal substances must be adhered to by our/my child in order to maintain the privilege to participate on athletic teams. We/I understand that failure to follow those standards or policies may lead to suspension from all participation. We/I also acknowledge that the student mentioned above is covered by a current health or activity insurance and has had at least one physical since entering middle school.

**** Mt. Ararat Middle School frequently uses images of students on the Mt. Ararat MS Web Page to promote the efforts and performances of its' students. Please check this box only if you give your permission to have images of your child posted on the Mt. Ararat MS Web Page.**

_____ **Yes, I give permission for images of my child to be posted on MAMS's web page.**

Signature of Parent(s) or Guardian(s) Printed Name Date

Signature of Student/Athlete Date

Please list all sports you might play this school year _____