

M.S.A.D. #12/RSU 82 POLICY
ATHLETIC PERMISSION FORM

PLAYER'S ACKNOWLEDGEMENT

I, the undersigned, have read and understand fully the Athletic Code/Awards Criteria and the Drug and Alcohol Use by Students Policy/Procedure (JICH and JICH-R) and agree to abide by them.

Player's Signature: _____ Date: _____

SPORT: _____

PARENT/GUARDIAN'S CONSENT AND ACKNOWLEDGEMENT

I give my consent for _____ to participate in interscholastic athletics. I authorize the school and its employees to act in my place in all respects. This permission shall include, but not be limited to obtaining emergency medical care. I acknowledge the fact that any athlete can be seriously injured while participating in interscholastic athletics. I furthermore release and indemnify the school and the district from any claim or damage arising from participation in this activity or from related travel.

We/I the undersigned have read and agree to the Athletic Code, the Drug and Alcohol Use by Students Policy/Procedure (JICH and JICH-R) and the information above and agree to abide by all of them.

We have medical insurance with _____(company). The policy number is:

Parent's Signature: _____ Date: _____

PLEASE RETURN THIS FORM WITH A COPY OF YOUR SCHOOL SPORTS PHYSICAL TO YOUR COACH OR ATHLETIC DIRECTOR.

Approved: August 13, 2002

Revised: August 10, 2010