

# FREEPORT ATHLETIC DEPARTMENT

## > STUDENT & PARENT PARTICIPATION EXPECTATIONS <

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOTHER'S WORK PHONE: \_\_\_\_\_ FATHER'S WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

### EMERGENCY INFORMATION

NAME AND PHONE NUMBER OF SOMEONE TO CALL IF PARENTS/GUARDIANS CAN NOT BE REACHED:

**NEW** EMERGENCY PERSON ONLY: \_\_\_\_\_

If same as last year,  
please check box.

PHONE:  →

**NEW** FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### ASSUMPTION OF RISK AND PERMISSION FOR MEDICAL TREATMENT

I am aware that playing or practicing to play/participate in any interscholastic sports can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in interscholastic sports include the risk of serious injury or impairment to various aspects of my body, general health and well-being. Because of the dangers of participating in interscholastic sports, I recognize the importance of following coaches' instructions regarding playing and training techniques, team rules, and other directions issued by the school, and agree to obey such instructions. In consideration of Freeport Public Schools permitting me to try out for interscholastic sports and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I hereby assume all the risks associated with participation. The terms thereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family. In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital/medical personnel designated by the Freeport Public School coaching staff to attend my son/daughter.

STUDENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### PERMISSION - INSURANCE RESPONSIBILITY - PLEDGE

My signature indicates permission for my son/daughter to participate in interscholastic athletics and also acknowledges my responsibility for providing medical insurance coverage for my son/daughter throughout the period of participation.

This application to compete in interscholastic sports is entirely voluntary on my part and is made with the understanding that I have not knowingly violated any of the eligibility rules and regulations of the MPA and/or school district's eligibility rules and regulations. Furthermore, I understand the school's athletic policies and will adhere to all team rules. I have read and understand the contents of the "**PARENT - COACH COMMUNICATION GUIDE**".

STUDENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### PHYSICIAN'S STATEMENT

Each year, the Freeport Public Schools requires all athletes to obtain a signed "Physician's Statement" which identifies the athlete as physically fit to participate in interscholastic competition. Students entering grades 6 and 9 are required to provide evidence of a complete physical examination prior to admission to school. There is a separate form for the complete physical. If you have any questions, please call the school office. H.S.: 865-4706 M.S.: 865-6051

"FROM MY KNOWLEDGE OF THE ABOVE STUDENT'S PHYSICAL/MENTAL CONDITION, I CONSIDER HIM/HER FIT TO PARTICIPATE IN ALL INTERSCHOLASTIC SPORTS EXCEPT AS NOTED":

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

The information is necessary for our files. Please make sure this form is filled out **completely**. Thank you.