

KROMREY MIDDLE SCHOOL – ATHLETIC PARTICIPATION FORM

(All athletes must have this form on file at school prior to the first practice.)

PART 1 – MUST BE FILLED OUT COMPLETELY EVERY YEAR

Student Name: _____ Sport: _____ Grade in School: _____

Parent/Guardians: _____ Home Phone #: _____

Student's Primary Address: _____
(Street) (City) (Zip Code)

Health Insurance Carrier and Physician: _____ Policy Number: _____

PERMISSION TO PARTICIPATE

- I hereby give my permission for the above named student to practice, compete, and represent Kromrey Middle School in regulated interscholastic sports.

RESPONSIBILITY TO RETURN ALL SCHOOL-ISSUED EQUIPMENT AND UNIFORMS

- I agree to be financially responsible for the return of all athletic equipment and uniforms issued to the above student and agree to reimburse the school for the replacement value of the lost/stolen/damaged uniforms and/or equipment. I understand that any failure to reimburse may affect the student's athletic eligibility.

PERMISSION FOR THE EMERGENCY MEDICAL CARE AND CONVEYENCE

- I grant permission for the above student, in case of injury during athletic participation, to be given emergency attention/care by the athletic trainer, team physician, or any other physician present and to be conveyed to an emergency medical facility if needed. I understand that all costs associated with such treatment will be the responsibility of the parents/guardians, and that Kromrey Middle School will assume no liability for the costs.

INFORMED CONSENT

- I understand that injuries could occur as a result of the athletic participation, and that these injuries could include minor injuries. I understand that it is also possible that a catastrophic injury could result in paralysis or death due to athletic participation.

INJURY WAIVER

- I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic related accident or injury, and that I have the option of enrolling in a school-sponsored accident insurance plan. I understand that I have the right to waive enrollment in the school-sponsored plan if I believe my insurance carrier adequately covers the above-named student.

PARENT-ATHLETE HANDBOOK AND W.I.A.A. ELIGIBILITY BULLETIN

- By signing this form, we are attesting to the fact that we have read and understood to abide by the rules and regulations set forth in the Parent-Athlete Handbook and the W.I.A.A. Rules and Regulations, and that full permission is granted to the above-named student in Kromrey Middle School athletics.

Parent/Guardian Signature

Date

Student-Athlete Signature

Date

PART 2 – MUST BE FILLED OUT BY PHYSICIAN WHEN PHYSICAL IS NEEDED

(W.I.A.A. mandates a physical every 2 years)

The above student-athlete has been examined and may participate in interscholastic athletics. Any exceptions are listed:

Date of exam: _____ Medication Information: _____

Signature of licensed physician: _____ Physician's Phone Number: _____

Physician's Group and Address: _____