

Student's Name _____
Last First Middle

Medical Treatment Consent

(To be completed by parents)

I, _____, the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care; I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under then existing circumstances and to assume the expenses of such care.

Signature of Parent/Guardian: _____ Date: _____

Insurance Statement

Our son/daughter will comply with the specific insurance regulations of the school district.
Family Insurance Company _____
Signature of Parent _____

Insurance Required – If you do not have insurance you must purchase Student Accident Insurance per District policy #8760. Forms available Middle School office.

Student Participation

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or merchandise in any amount, or any emblematic award worth more than twenty five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my middle school in any sport, I promise not to compete in any outside athletic contest in this sport until after the middle school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association.

Signature of student: _____ Date: _____

Parent or Guardian Consent

I hereby give my consent for the above middle school student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips. I understand that, on some occasions, coaches will assign athletes to ride with SELECTED - APPROVED ADULT DRIVERS to athletic events in privately-owned cars. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies, of the school district and the Michigan High School Athletic Association.

Signature of Parent/Guardian: _____ Date: _____