

## Parent & Student Agreement to Participate

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

In consideration of **Rankin School District #98** permitting participation for the student listed, I agree as follows:

- 1) I hereby acknowledge that I have read the rules and regulations listed in the Activities Code. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I understand that these rules and regulations are the policy of Rankin School and failure to abide by these rules may result in my exclusion from those activities at Rankin School. This code goes into effect the first day a student tries out for an activity and remains in effect 24 hours a day throughout the school year.
- 2) I understand that the board policy, 7:305 Student Athlete Concussions and Head Injuries, requires among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
- 3) I acknowledge that I have read the Agreement to Participate and understand the terms. I understand that participation in the above sport or activity may involve many **RISKS OF INJURY**. A serious injury may result in physical impairment or even death. I hereby assume all the risks associated with participation and agree to hold Rankin School District #98, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activity or sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family. I assume all responsibility and certify that the child is in good physical health and is capable of participation in the sport/activity indicated above.
- 4) **Insurance Affidavit:** I understand that the Board of Education believes it is advisable that all students participating in extracurricular activities be insured against accidents. It is also understood that the responsibility for insurance coverage lies with the parents and not the schools. **By signing below, I request that this policy be accepted by the Board of Education to insure that the above student is adequately covered by the above insurance policy in the event of an injury sustained in any sport or extracurricular activity.**

\_\_\_\_\_ is adequately covered by our family medical policy carried with \_\_\_\_\_.  
(Student Name) (Family Medical Insurance Company)

**Please note:** The following information **must be on file** in the Athletic Director's Office **before** a student may participate in any activity or sport, including try-outs and practice. New forms and information must be filled out every year.

- ☐ Current health examination (sports physical)
- ☐ Parent and Student Agreement to Participate in Extracurricular Activities
- ☐ Authorization for Medical Treatment and Certificate of Physical Fitness for Participation in Athletics/Activities
- ☐ Personal Accident Insurance Coverage Information.

I have read and agree to the above statements. I have received information about the IESA and Rankin School's concussion policy. By signing this form, I acknowledge that I have been provided information regarding concussions.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Authorization for Medical Treatment

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This medical authorization form covers any/all extracurricular activities during the school year. **It is YOUR responsibility to report your child's medical changes in writing, to the school office.** It is very important we have current information on medications, conditions, allergies, etc. It is also very important the coaching/sponsor staff have your current contact information.

**1<sup>st</sup> Emergency Contact:** (Does child live with you? Y / N )

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #1 \_\_\_\_\_ Telephone #2 \_\_\_\_\_ Telephone #3 \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact:** ( Does child live with you? Y / N )

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #1 \_\_\_\_\_ Telephone #2 \_\_\_\_\_ Telephone #3 \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Students Medical History:**

Allergies: Y / N

Asthma: Y / N

Diabetes: Y / N

Epilepsy: Y / N

Heart Condition: Y / N

Other: \_\_\_\_\_ Y / N

List allergies: \_\_\_\_\_

List injuries/surgical procedures (include dates): \_\_\_\_\_

List medications (include frequency, dosage, purpose): \_\_\_\_\_

Has the student's physical activity been restricted during the past year? (Reason and duration): \_\_\_\_\_

Other medical information: \_\_\_\_\_

**I have read and agree to the following:**

☐ Yes ☐ No I am the parent/guardian of the above student. I certify that my child/ward is in good physical health and is capable of participation in the above mentioned sport/activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation. I will notify you of changes in his/her physical condition.

☐ Yes ☐ No **To whom it may concern:** In the event reasonable attempts to contact me at the locations listed above are unsuccessful, I, as parent or legal guardian of the above student, do hereby authorize: (1) the treatment by a licensed medical physician of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and (2) the transfer of my child/ward to any hospital reasonably accessible.

*This release form is completed and signed with the purpose of authorizing medical treatment under emergency circumstances in my absence.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_