

Athletic Permission Form

Dear Parents/Guardian;

If your son/daughter is interested in playing interscholastic sports on a high school team, it is MANDATORY that you provide written consent for participation in these athletic activities, understand and comply with health requirements and understand the insurance coverage for your child. Participation in interscholastic sports will provide your child with life long experiences and other benefits, but you should also recognize that participation involves the potential for injury and on those rare occasions these injuries can be as severe as to result in permanent disability or even death.

MEDICAL INFORMATION:

All students who participate on an interscholastic team or cheerleading squad must have a physical examination and health questionnaire completed on RHAM High School forms by your private physician every year. This consent form must be completed and handed into the NURSE'S office prior to the tryouts of each and every sport in which your child is participating.

Permission (5 sections)

- (1) I give permission for my son/daughter _____ (please include first and last name) to participate in the interscholastic activity/sport of _____ for 20____ at RHAM High School, realizing that such activity involves the potential for injury or even death.

_____ I give my consent.
(Please initial)

- (2) My son/daughter has had a sport physical exam within the year preceding this sport season, understanding that a sport physical must be completed each and every year prior to participation in interscholastic sports.

Date of sport physical _____.

_____ I understand the physical examination requirements for sport participation.
(Please initial)

(3) ACCIDENT INSURANCE

All students are covered by Regional School District No. 8's insurance while participating in interscholastic sports, clubs or cheerleading. However, this accident policy is a non-duplication policy, which means that you must use your own insurance first. If your insurance does not cover the total bill, the sports insurance will pay for that portion which is "usual and reasonable" above that which was paid by your policy. You must submit a letter from your insurance agent stating that they are not covering the bill. Please understand that the student must be under a doctor's care for the injury and claim must be submitted to our insurance company within 90 days of the date of the injury. If you have no health insurance the school board's insurance will pay the entire bill. At the beginning of the school year students are provided with information to bring home re: student insurance, which may be purchased annually.

_____ I have read the information on insurance coverage.
(Please initial)

(4) _____ I acknowledge my son/daughter has not transferred schools without changing legal residence.
(Please initial)

(5) Substance Abuse Regulation for Student Athletes

The policy regarding substance abuse is found in Regional School District #8 Board of Education Policy 5114
(discipline) and 5143 (Drug and Alcohol Use by Students).

_____ I have read, understand and agree to the Substance Abuse Regulations as published in the student
handbook. (please initial)

SIGNED: _____ DATE _____
(Parent/Guardian)

SIGNED: _____ DATE _____
(Student)

Received by Nurse's office _____, reviewed by Nurse _____.
(date) (initial)

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