

North Marion School District ATHLETIC PARTICIPATION PERMIT

This Athletic Participation form will cover the entire school year

(Please Note: It shall be the responsibility of the parent/guardian to report any changes in your child's medical condition)

ATHLETE LAST NAME:	FIRST NAME:	AGE:	BIRTH DATE:	GRADE:

PLEASE PRINT CLEARLY

PARENT/GUARDIAN INFORMATION:	
Parents/Guardians	
Street/Mailing Address	
City State Zip	
Phone numbers	Home: _____ Work: _____
Additional contact info:	Cell: _____ E-Mail: _____

IN CASE OF EMERGENCY: IF PARENTS CANNOT BE CONTACTED - NOTIFY:			
Name		Phone	
Name		Phone	
Family Doctor		Phone	
Preferred Hospital		Known Allergies	

SPECIAL MEDICAL NEEDS: IT IS THE RESPONSIBILITY OF THE PARENT/ATHLETE TO INFORM COACHES OF ANY SPECIAL MEDICAL NEEDS (PLEASE SPECIFY BELOW):

Inhaler, Epi pen, Allergies, Other: _____	Date of last physical: _____
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- Yes No I want my son or daughter to have the privilege of participating in athletics at North Marion Middle or High School. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that students are held responsible for all players' equipment owned and issued by the school.
- Yes No The team coach, physician, and trainer may apply first aid treatment until the family doctor can be contacted.
- Yes No We give our consent for coaches, trainers, and team physician to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.
- Yes No Will you be applying for Free/Reduced Lunch for the current school year?

PERMISSION: WE GIVE OUR PERMISSION FOR OUR SON/DAUGHTER TO COMPETE IN THE FOLLOWING SPORT(S):

Season:	Sport:	School: (MS/ HS)

INSURANCE INFORMATION: ALL ATHLETES MUST BE COVERED BY INSURANCE AND PROVIDE THE FOLLOWING INFORMATION:

<input type="checkbox"/> Our school insurance forms/payment is attached:	Date _____
<input type="checkbox"/> We do not want school insurance and will assume financial risk. Our insurance coverage is with:	
Insurance Company: _____	
Policy Number: _____	

We agree/consent to the above information, and we acknowledge that we have received and read the North Marion Middle or High School Parent & Student Athletics and Activities Handbook and agree to abide by its policies.

Parent or Guardian signature _____ Date

Student's Signature _____ Date

MUST HAVE SIGNATURE OF PARENT/GUARDIAN