

**Athletic Consent and Risk Warning Acknowledgment Form**  
**Reeds Brook Middle School**  
**2014-2015**

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**Student Name**

**The above student has permission to try out and/or participate in any of the RBMS Athletic sports listed below:**

<b>Baseball</b>	<b>Field Hockey</b>	<b>Softball</b>
<b>Basketball</b>	<b>Football</b>	<b>Team</b>
<b>Manager</b>		
<b>Cheerleading</b>	<b>Soccer</b>	<b>Track</b>
<b>Cross country</b>		

**ATHLETIC RULES (student)**

I acknowledge that I am familiar with the RULES AND REGULATIONS contained in the RSU22 Middle School Athletic Policy governing participation in the athletics at Reeds Brook Middle School and I agree to follow them. I understand that a violation may result in suspension or dismissal from these activities. I know of no reason why my child should not participate in this activity.

**CONSENT FOR EMERGENCY TREATMENT (parent)**

I give consent for my child to participate in the athletic programs at Reeds Brook Middle School. I authorize the school and its employees to act in my place in all respects and with all immunities should the need arise during the course of an athletic activity or related travel. This shall include, but not be limited to, obtaining emergency medical care.

**ACKNOWLEDGMENT OF RISKS (parent & student)**

I agree that during the course of travel in connection with an athletic event, my child is not within the physical custody of the district to the same extent as while on school grounds and it is impossible for the district and its employees responsible for a particular athletic activity to personally supervise each student in the activity at every moment. My child has voluntarily chosen to participate in athletics with the full understanding that there are certain risks of injury which are part of athletics and any related travel. I agree to release, indemnify and hold the District, its Directors, employees or agents harmless from any claims arising from any injury related to my child's participation in athletics. I hereby assume all risks associated with such participation

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many risks or injuries. I understand that the dangers and risks of playing or practicing to play in athletics include, but are not limited to death, serious neck and spinal cord injuries, musculoskeletal injuries and serious injury or impairment to other aspects of the body, general health and well being. I understand that the dangers and risks of playing or practicing to play may result in, not only serious injury, but in a serious impairment of future abilities to earn a living and to engage in other business, social and recreational activities.

Because of the dangers of participating in athletics, I recognize the importance of following coaches' instructions regarding playing and training techniques, and team rules, etc. and agree to obey such instructions.

In consideration of the RSU22 permitting me to try out for the sport(s) listed and engage in all activities related to that team, including but not limited to, trying out, practicing or playing/participation in the sport, I hereby assume all risks associated with such participation. I also agree to report all injuries to my coach within 24 hours of its occurrence.

**-CONTINUED-**

## INSURANCE COVERAGE (parent)

I acknowledge that my child is insured through an **in-force**, accident coverage, and insurance program. I am aware that without insurance coverage, my child may not participate in athletics. All interscholastic athletic participants are required to have this insurance prior to the onset of their sports season and continuing through the year.

School or Personal Insurance Company \_\_\_\_\_  
Policy or Certificate Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Personal Physician \_\_\_\_\_ Telephone \_\_\_\_\_

## CONSENT FOR MEDICAL CARE (parent)

**I give my consent for the school and its employees to act in my place in all aspects and with all immunities should the need arise during the course of any athletic event or related travel. This shall include, but is not limited to, obtaining medical care.**

## SPORTS PHYSICAL

I acknowledge that my son or daughter has met the requirements of obtaining a physical exam which is required each year.

## SUMMARY OF ACKNOWLEDGMENTS AND AUTHORIZATION

### By signing below, the parent or guardian and the student athlete

- Have read and understand the athletic rules and policies adopted by RSU22
  - Training and Practice Rules
  - Behavioral Expectations
  - Grade Requirements
  - Drug and Alcohol Prohibitions
- Have acknowledged risks of application
- Give consent for treatment
- Have medical insurance coverage
- Have had a physical exam
- Agree to release and hold harmless RSU22 and its employees
- Give permission to try out and participate in any sport listed
- Have received and read the RSU22 Policy, MANAGEMENT OF CONCUSSION AND OTHER HEAD INJURIES.
- sHave received and read the Heads Up Concussion in Youth Sports Parent and Athlete Fact Sheets.

This form must be filled out completely and filed in the athletic director's office before the student will be allowed to draw equipment, to practice, or to compete in interscholastic athletics. In addition to this form, Reeds Brook Middle School may have other specific requirements of their prospective athletes.

\_\_\_\_\_  
Student Athlete SIGNATURE    DATE

\_\_\_\_\_  
Parent/Guardian SIGNATURE    DATE

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone