

MIDDLE SCHOOL SPORTS QUESTIONNAIRE/CONTRACT

Please Print

Date _____

ATHLETE'S INFORMATION

_____ Male/Female Grade _____
Student Name

_____ City _____ Home Number _____ Cell Number _____
Street Address

Since his/her last athletic physical exam, has this student: (circle answers)

- | | | | |
|-------------------------------------|--------|----------------------------------|--------|
| 1. Had surgery | yes/no | 2. Been hospitalized | yes/no |
| 3. Been under a physicians care | yes/no | 4. Had a recent serious injury | yes/no |
| 5. Been rendered unconscious | yes/no | 6. Started taking any new meds. | yes/no |
| 7. Developed any new drug allergies | yes/no | 8. Developed new health problems | yes/no |

Please explain any yes answers

ACTIVITY CONTRACT AGREEMENT

INSURANCE INFORMATION: Is school student insurance needed? ___yes; ___no, if yes, a premium charge will be required prior to participation in any athletic activity. Insurance forms are available in the school office.

Insurance Company and Policy Number _____

Parent/Guardian Name _____ Home Number _____ Cell Number _____

CONSENT FORM (Parent)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. The consent includes travel to/from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designed by school authorities for any illness/injury resulting from his/her athletic participation.

I have read and understand the insurance waiver. My child is adequately covered through our own insurance program for all accidents and injuries which may occur while at school or during participation in school activities. I will assume responsibility for all expenses incurred in an emergency.

I HAVE READ AND UNDERSTAND THE ATHLETIC CONTRACT AND SCHOOL DISTRICTS 271'S POLICY AND RULES THAT ARE A PART OF THIS CONTRACT.

Signature of Parent/Guardian _____ **Date** _____

CONSENT FORM (Student)

My participation in interscholastic athletics for the middle school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulation of the state association.

I understand that these forms are only a portion of the athletic eligibility requirement for the current school year.

I HAVE READ AND UNDERSTAND THE ATHLETIC CONTRACT AND SCHOOL DISTRICTS 271'S POLICY AND RULES THAT ARE A PART OF THE CONTRACT.

Athlete's Signature _____ **Date** _____

OVER

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE ASSUMPTION
OF RISK, AND AGREEMENT TO HOLD HARMLESS**

(Both the applicant student and a parent/guardian must read carefully and sign)

I am aware that interscholastic athletics are violent contact sports and that playing or practicing will be a dangerous activity involving **MANY RISKS AND INJURY**. I understand that the dangers and risks of playing or practicing in interscholastic athletics include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks of playing or practicing in interscholastic athletics may result not only in serious injury but also in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

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

In consideration of School District 271 permitting me to try out for a school team and to engage in all activities related to the team, but not limited to trying out, practicing, or playing school sports, I hereby assume all the risks associated with school sports and agree to hold School District 271, its employees, agents, representatives, coaches 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 any activities related to middle school sports teams. 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.

Date _____ Signature of Student _____

I _____ am the parent/legal guardian of _____
(Student)

I have read the above warning and release and understand its terms. I understand that interscholastic athletics are **VIOLENT CONTACT SPORTS** involving many **RISKS OF INJURY**, including but not limited to those risks outlined above.

In consideration of School District 271 permitting my child/ward to try out for a middle school sport and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing in interscholastic athletics, I hereby agree to hold School District 271 , its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions causes of actions, debts, claims or commands of every kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to a middle school sports team. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees and for all members of my family.

Date _____ Signature of Parent/Guardian _____