

GMS ATHLETIC/ACTIVITY PARTICIPATION AGREEMENT

Student Name: _____ Date of Birth: _____ Grade: _____

Student Resident Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

EMERGENCY CONTACT – In case of an emergency if we cannot reach the above contact, we will notify the emergency contact.

Emergency Contact #1: _____ Cell Phone: _____

My student is fully covered by a parent's or guardian insurance. The school will not be liable for any injury that occurs during athletic/activity practice, contests or travel to and from competitions.

Name of Insurance: _____ Policy Number: _____

My student has taken our school insurance. _____ Date Purchased _____ School Official Initials _____

Physician's Name: _____ Physician's Phone: _____

Preferred Hospital: _____ Date of Last Physical: _____

Please describe below any health concerns/conditions your student has which you feel we should know about (allergies, previous injuries).

Disclaimer:

My student would like to have the privilege and have my permission to participate in athletics/activities that are offered by Gervais High School. They have my permission to go with the coach on any regularly scheduled trips. 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 understand that athletics and activities participation involve some risk, and I accept the possibility that my student may be slightly, seriously, or even fatally injured depending on the nature of the sport in which they are participating.

I, (parent) give permission for a coach, advisor, teacher, or other school personnel to transport or arrange for transportation for you student to a medical facility for treatment when deemed necessary and give permission to have my student receive a diagnostic, therapeutic, and operatic procedures as deemed necessary by professionally medically trained individuals so that no unnecessary delays to treatment occur.

Throughout this school year, I (parent) agree to update my personal information, medical information or medical insurance information should that become necessary.

By signing this document below, we both (parent and student) indicate that we have knowledge, understanding and agree to the standards set forth by Gervais School District in order to be afforded the privilege to represent our school as a student athlete and/or a fan. We are also aware that any violation on the part of the student or parent to any of these standards shall result in the consequences laid out by administration.

Parent Signature: _____ **Student Signature:** _____ **Date:** _____

Please note the sports/activities that you will be participating in:

Fall: football, soccer, volleyball	
Winter: basketball, wrestling	
Spring: track	
Year Long: Leadership	

Please note that this form must be completed, signed, and turned into the athletic office before participation in practice or contests.