

GRMS PARENT ATHLETIC APPROVAL FORM

Sport: Field Hockey Soccer XCountry Basketball Wrestling Track Baseball Softball

Student name: _____ Grade: _____ Team: _____ DOB: _____

Legal Address: _____ Telephone: _____

Parent/Guardian Name: _____

Work Address: _____ Work Tel.: _____

Doctor: _____ Dr. Phone: _____

Dentist: _____ Dentist Phone: _____

Do you have health insurance? Y N If yes, carrier name: _____

Group/Policy Number: _____

Do you have dental insurance? Y N If yes, Carrier Name: _____

Group/Policy Number: _____

GRMS students are required to have a physical examination prior to their first participation in interscholastic athletics in MSAD #11 and every other year thereafter. Students entering GRMS who have not previously participated in school sponsored athletic activity, or who participated but did not have a physical exam during their fifth grade year, are required to have one prior to participating at the middle school level. Exams done by the following types of health care providers are accepted: medical doctor, osteopathic doctor, nurse practitioner, or physician's assistant. Student/athlete will not be allowed to participate in athletics until documentation of the required physical examination is received by the school.

~~GRMS does hold the right to insist upon a follow-up physical exam in the event of an injury or incident in which further participation could place the student at risk.~~

As a parent/guardian:

- I hereby give my consent for the above named student/athlete to participate in the sport circled above.
- I understand the GRMS Physical Examination Policy. (Please see above.)
- I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become necessary for the student/athlete in the course of said activity.
- I give my consent for the above student/athlete to represent his/her school in said activity and to accompany the school team when traveling from the grounds and I have read and understand the Athletic Policy.

Signature of parent/guardian

Date

As a student /athlete: I have read and understand the Athletic Policy and agree to abide by such policy as long as I am a member of this team.

Signature of student

Date