

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 64
Bradford Corinth Hudson Kenduskeag Stetson

STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM
(To be used for all Interscholastic/Intramural Athletics)

School: _____ Student's Name: _____

Date of Birth: _____ Place of Birth: _____

Grade: _____ Date: _____

This application to compete in interscholastic/intramural athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

Student's Signature:

PARENT/GUARDIAN'S PERMISSION

I hereby give my consent for the above named student to: (1) represent the school in athletic activities except those found to be medically inadvisable as noted on the Health Examination Form (provided that all interscholastic athletic activities are approved by the State Association); (2) accompany any school team of which she/he is a member on any of its local and out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

Parent/Guardian's Signature

Print Name: _____

Address:

Phone: _____

Date: _____

NOTE: This form is to be filled out completely and filed in the office of the school principal before the student is allowed to practice and/or compete.