

# ANDOVER CENTRAL SCHOOL

## INTERSCHOLASTIC ATHLETIC POLICY CONSENT FORM

In order to participate in interscholastic athletics the student must:

1. Maintain scholastic standards as defined in the Student Handbook
2. Abstain from the use of drugs, tobacco, and alcoholic beverages.
3. Conform to other training rules as defined by the coach.
4. Be a good citizen at all times
5. Be financially responsible for all supplies and equipment issued to him/her.

An athlete shall be suspended from the team for violation of any of the above rules.

I am aware that participating in any sport can be a dangerous activity and could result in serious injury. Because of the dangers, I recognize the importance of following coaches' instructions regarding all parts of training and play.

I have received a copy of Andover Central School's Interscholastic Athletics Policy. I have read it, and understand the content. I am familiar with the above regulations, and agree to abide by them.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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### INSURANCE COVERAGE

I  do  do not carry some type of medical insurance.  
(circle one)

With the knowledge that the school will take all ordinate precautions to avoid injury, but that it will not be held responsible or liable for any injuries that may be incurred during said season, I hereby grant . . .

\_\_\_\_\_ (student's name)

permission to participate in \_\_\_\_\_ (sport.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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### PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency requiring medical attention, every effort will be made to contact the parent/guardian in order to receive authorization before any treatment or hospitalization is undertaken. I hereby grant permission for a physician or hospital personnel designated by the Andover Central School District designee to attend my son/daughter.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Emergency Phone Number