

MATTANAWCOOK ACADEMY  
STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

Full Name of Student \_\_\_\_\_ Home Telephone \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

This application to compete in interscholastic athletics for the above named high 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 Maine State Principals' Association.

Student's Signature \_\_\_\_\_

I hereby give my consent for the above named student: (1) to represent the school in athletic activities are approved by the appropriate School Committee; (2) to accompany any school team of which he/she is a member on any of its local or 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 such athletic activity or such travel; (3) to have a physical examination by a physician.

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

NOTE: (1) This form must be filled out completely and filed in the school principal's office before the student will be allowed to draw equipment, to practice or compete in interscholastic athletics. In addition to this form, any individual school may have specific requirements of their prospective athletes. (2) All interscholastic athletic participants are required to have an accident insurance coverage approved by their school prior to the onset of their sports season and continuing throughout.

IN CASE OF EMERGENCY CONTACT:

Parent/Guardian \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

If unable to reach parent/guardian, please contact:

Name \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

Are there any medical considerations, medications, or allergies we should be aware of?

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## INSURANCE WAIVER AND RELEASE

It is understood that this insurance waiver and release is in effect and applies during the period of time that the student named on the Parental Approval Form is participating in any athletic activity at Mattanawcook Academy during the school year.

The following conditions are acknowledged and accepted by the parent/guardian of the student:

1. No student at Mattanawcook Academy can participate in an authorized athletic activity without adequate coverage as provided by a protective accident insurance policy.
2. Mattanawcook Academy has accident insurance available for purchase which will provide the required coverage for the student.
3. The student is presently protected by an adequate insurance policy which contains the necessary requirements and provides coverage for injuries resulting from participation in the athletic activity named; thereof, the Mattanawcook Academy available insurance plan is not needed or desired.
4. In the event that the necessary coverage for the student contained in the Insurance policy presently in existence terminates or ceases to provide the required protective coverage, the principal of Mattanawcook Academy shall be notified immediately.
5. It is agreed that the State of Maine and Mattanawcook Academy shall not be responsible or liable for injuries to the student resulting from participation in the athletic activity.
6. This waiver/release has been examined and is understood by the parent or Guardian of the student, and is signed by the parent or guardian of the student.

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Date

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Signature of Parent/Guardian

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Name of Insurance Company