

**ANNUAL STUDENT PARTICIPATION-PARENTAL APPROVAL FORM**

**ARTICLE: 1**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Telephone # \_\_\_\_\_ Address \_\_\_\_\_

**ARTICLE: 2**

By signing below we attest that; we have read and understand the attached RSU #56 policy IGDA and have not knowingly violated any of the eligibility rules and regulations of the Maine Principals' Association and/or school unit eligibility rules and regulations. I have also read policy JJIF-E regarding concussions.

**Parent(s)/guardian(s) must turn in a signed form prior to the start of practice.**

\_\_\_\_\_  
Student-athlete Name Printed                      Student-athlete Signature                      Date

\_\_\_\_\_  
Parent or Legal Guardian Printed                      Parent or Legal Guardian Signature                      Date

**ARTICLE: 3**

I hereby give my consent for the above named student to:

1. Represent his/her school in co/extra activities, if approved by an examining physician, provided that such activities are approved by the RSU #56 Board of Directors, and
2. Accompany any school team/activity of which he/she is a member of, on any of its local and out-of-town trips.

**ARTICLE: 4**

I certify that the above student has an in-force accident coverage insurance program and that it will remain in force until the completion of the sports season covered by this permission. (Insurance, if purchased through the school in August, is available if you do not have other coverage).

Name of Policy and Company \_\_\_\_\_

(PROVIDE A COPY)

**ARTICLE: 5**

The RSU #56 Board of Directors recognizes its responsibility to the student and has taken all reasonable steps in providing reasonable and prudent care and protection for all participants. Appropriate supervision is provided by authorized personnel designated by the Board of Directors of RSU #56.

Note 1: This form must be filled out completely and filed in the appropriate school office before the student will be allowed to draw equipment, to practice, or to compete in interscholastic or athletics.

Note 2: It is necessary that a licensed physician, nurse practitioner, physician's assistant, Doctor or Osteopathy, through private appointment, examine all candidates for interscholastic athletic participation and advise the RSU of the candidate's physical ability to participate in the program.

Adopted: July 11, 2017