

**RE-1 VALLEY SCHOOL DISTRICT
AUTHORIZATION FOR ATHLETIC PARTICIPATION AT STERLING MIDDLE SCHOOL**

PLEASE PRINT

Name _____, _____ Grade: 7 8 Sport(s) _____
Last First

Address _____ Zip Code _____

Parent/Legal Guardian (print) _____ Home or Cell # _____ Work # _____

I hereby certify that the above named student has the following insurance coverage:

Company _____ Policy No. _____ Medications _____

Known Allergies _____ Pre-existing medical conditions _____

The undersigned, as the parent/guardian of _____ does hereby give consent to his/her participation in the athletic programs of RE-1 Valley School District. Recognizing that my child or ward in the course of his/her participation as a team member, may require medical treatment when I am not available to give my consent to such treatment. I do therefore authorize the rendering of medical treatment and services by qualified persons to my named child or ward when, in the judgment of the School District's representatives, such medical attention and treatment is required.

Parent/Guardian Signature

Date

I have read and understand the Code of Ethics (on the reverse side of this form), the prohibitions in this contract, Policies JICH and JIC and Regulations JICH-R and JIC-R. In consideration of the privilege of participating in CHSAA-sanctioned activities, I agree to abide by the Code of Ethics, the prohibitions in the Contract, Policies JICH and JIC their accompanying regulations and District Rules for Student Athletics, and to cooperate in investigation regarding suspected violations of the foregoing.

STUDENT SIGNATURE: _____

Date _____

PARENT SIGNATURE: _____

Date _____

This contract must be signed annually and returned to the SMS office prior to participation in any CHSAA-sanctioned practice or contest.

This Contract will govern athletic/activity participation for the entire period during which the student is enrolled in a secondary education program in the RE-1 Valley School District.

PHYSICIAN'S STATEMENT

I certify that I have examined this student and that the student was found physically fit to engage in secondary school BASKETBALL, FOOTBALL, WRESTLING, TRACK, SWIMMING, VOLLEYBALL AND SPIRIT SQUADS. (Cross out any sport the student should NOT participate in.) The Physical MUST be renewed every 12 months – NO EXCEPTIONS.

Date of Exam _____ DOB _____ Physician Phone No. _____

Signed _____ / _____
(Physician's Signature) (PRINT Physician's Name)

PAID PARTICIPATION FEE: \$ _____ DATE: _____ Sport: _____

\$ _____ DATE: _____ Sport: _____

\$ _____ DATE: _____ Sport: _____

\$ _____ DATE: _____ Sport: _____