

**Student/Athlete & Parent Consent Form & Acknowledgement of Insurance**

Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Sport participating in: \_\_\_\_\_

This application to compete in athletics at Hall-Dale High School or Hall-Dale Middle School is voluntary on my part and is made with the understanding that I will abide by the eligibility rules at Hall-Dale HS/MS, and the regulations set up by the athletic department.

Furthermore, I understand that by participating in \_\_\_\_\_ (sport) I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of limbs, brain, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport I have listed. I hereby acknowledge that by choosing to participate in the sport I have listed I do so with full knowledge and understanding of the risk of serious injury I am exposing myself to.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Guardian Consent**

I hereby give my consent for the above student to engage in interscholastic athletics at Hall-Dale HS/MS in sports that have been approved by RSU#2 during the current sports season as well as permission to travel with the team as a bona fide member on out of town trips. I understand that my son/daughter will be expected to adhere to the established athletic policies and eligibility standards. I am also aware that my child named above is at risk to suffer serious injuries that have been listed above by participating in the specific sport of their choice. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our child named above through participation in this sport, we give our consent to:  
\_\_\_\_\_ (student's name) to participate in the sport they have volunteered to be a part of.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

**Insurance Verification**

Hall-Dale HS/MS does not carry supplemental insurance for athletic participation. Every student, in order to participate must provide proof/documentation of having their own health insurance coverage. If your child is not covered by a plan please see the Athletic Director for information on how to purchase low cost athletic participation insurance.

Name of insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Hall-Dale Athletic Code Agreement of Compliance**

This is to confirm that I have read the Student Athletic Code, understand the expectations and agree to abide by the rules outlined within the Athletic Code. We also understand that our son/daughter is responsible for the return of all equipment or uniforms issued to him/her by the school and that the loss or damage to any such equipment or uniform shall be paid for by him/her at the present replacement cost. We understand that no other equipment or uniforms will be issued until compensation is received for any lost or damaged equipment or uniforms.

Student/Athlete : \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_