

**GARDINER AREA HIGH SCHOOL
ATHLETIC DEPARTMENT**

**PARENT APPROVAL FORM FOR ATHLETICS
(REQUIRED PRIOR TO PARTICIPATION)**

Full name of student/athlete: _____ Grade _____

Address: _____ Tel. # _____

Family Physician _____ Tel. # _____

Do you participate in an HMO or preferred provider insurance program? Y N

If yes, please indicate physician's name and contact number in case of emergency.

_____ Tel. # _____

GAHS student-athletes are required to have a physical examination prior to their first participation in interscholastic athletics in MSAD #11 and every other year thereafter. Students entering high school who have not previously participated in a school sponsored athletic activity, or who participated but did not have a physical examination during their 8th grade year, are required to have one prior to participating at the high school level. Exams done by the following types of health care providers are accepted: medical doctor, osteopathic doctor, nurse practitioner, or physician's assistant. Student-athletes will not be allowed to participate in athletics until documentation of the required physical examinations is received by the school.*

GAHS does hold the right to insist upon a follow-up physical exam in the event of an injury or incident in which further participation could place the student/athlete at risk.

As a Parent/Guardian:

I hereby give my consent for the above named student/athlete to participate in

(sport)

I understand the Gardiner Area High School Physical examination policy . (See above*)

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/athlete in the course of said activity.

I give my consent for the above student/athlete to represent his/her school in said activity and to accompany the school team when traveling from the grounds and I have read and understand the Athletic Policy.

As a Student/Athlete:

I have read and understand the Athletic Policy and agree to abide by such policy as long as I am a member of this Team.

Signature (Parent/Guardian)

Date

Signature (Student)

Date