

RSU No. 5

DURHAM • FREEPORT • POWNAL

FREEPORT MIDDLE SCHOOL

INTRAMURALS - PERMISSION FORM

STUDENT'S NAME: _____ GRADE: _____ DATE OF BIRTH: _____

PARENT'S/GUARDIAN'S NAME: _____

MAILING ADDRESS: _____ ZIP: _____

HOME PHONE: _____ Parent 1 - WORK PHONE: _____ Parent 2 - WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMERGENCY INFORMATION

NAME AND PHONE NUMBER OF SOMEONE TO CALL IF PARENTS/GUARDIANS CAN NOT BE REACHED:

NEW EMERGENCY PERSON ONLY: _____ PHONE: _____

NEW FAMILY PHYSICIAN: _____ PHONE: _____

ASSUMPTION OF RISK AND PERMISSION FOR MEDICAL TREATMENT

I am aware that playing or practicing to play/participate in any intramural sports can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in intramurals sports include the risk of serious injury or impairment to various aspects of my body, general health and well-being. Because of the dangers of participating in intramural sports, I recognize the importance of following coaches' instructions regarding playing and training techniques, team rules, and other directions issued by the school, and agree to obey such instructions. In consideration of RSU No. 5 schools permitting me to participate in intramural sports and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I hereby assume all the risks associated with participation. The terms thereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family. In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital/medical personnel designated by the RSU No. 5 coaching staff to attend my son/daughter.

STUDENT'S SIGNATURE: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PERMISSION - INSURANCE RESPONSIBILITY - PLEDGE

My signature indicates permission for my son/daughter to participate in intramural athletics and also acknowledges my responsibility for providing medical insurance coverage for my son/daughter throughout the period of participation.

This application to compete in intramural sports is entirely voluntary on my part and is made with the understanding that I have not knowingly violated any of the eligibility rules and regulations of the MPA and/or school district's eligibility rules and regulations. Furthermore, I understand the school's athletic policies and will adhere to all team rules. I have read and understand the contents of the "**PARENT - COACH COMMUNICATION GUIDE**".

STUDENT'S SIGNATURE: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

The information is necessary for our files. Please make sure this form is filled out **completely**. Thank you.