

**MUSCATINE HIGH SCHOOL ATHLETIC FORM 2019-2020**  
**PARENT/GUARDIAN PERMISSION & ACKNOWLEDGEMENT**  
 INSURANCE INFORMATION, GOOD CONDUCT POLICY AGREEMENT, CONCUSSION FORM RECEIPT

Complete this form if your student is participating in one or more of the following sports activities.

- |                                     |  |  |                                   |                                     |
|-------------------------------------|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball   | <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Golf          | <input type="checkbox"/> Softball | <input type="checkbox"/> Track      |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Pom Pon Squad | <input type="checkbox"/> Swimming | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling    | <input type="checkbox"/> Football      | <input type="checkbox"/> Soccer        | <input type="checkbox"/> Tennis   | <input type="checkbox"/> Wrestling  |

Student's full name \_\_\_\_\_ Grade (circle one) 9th 10th 11th 12<sup>th</sup>

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

Physician \_\_\_\_\_ Physician phone \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION & ACKNOWLEDGEMENT**

I/we understand that accidents may occur in athletic events, even though normal acceptable safety precautions have been taken. My son/daughter has my permission to practice and compete in the interscholastic program.

I give my permission for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

The Independent School District of Muscatine is not liable, nor responsible for any medical, dental, or hospital bills, occurring as a result of injuries sustained by a student while participating in a school athletic activity or sport. All injury related expenses shall be the responsibility of the student's parent or guardian.

**INSURANCE INFORMATION**

\_\_\_\_\_ I have insurance with (company name) \_\_\_\_\_ that will pay for medical expenses if my son/daughter is injured while participating in a school sport

\_\_\_\_\_ I do not have insurance for my son/daughter and understand that the school district is NOT responsible and WILL NOT PAY any doctor, hospital, or medical expenses if my child is injured while participating in any school sport.

\_\_\_\_\_ I plan to purchase insurance through the school districts program offer. Brochures are available on the school district's website [www.muscatine.k12.ia.us/index2.htm](http://www.muscatine.k12.ia.us/index2.htm). Questions concerning the plan may be directed to Paul Lock, Agent @ Student Assurance Services website [www.sas-mn.com](http://www.sas-mn.com) or call toll free 800-328-2739.

**GOOD CONDUCT POLICY AGREEMENT**

We hereby acknowledge that we have read and understand the Muscatine School District's Good Conduct Policy. We understand the consequences and penalties for violations of these rules and regulations. The Good Conduct Policy can be found in the MHS Student Planner and on the MHS Website.

**IMPORTANT!**

Students participating in interscholastic athletics, cheerleading and dance: and their parents/guardians, must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

**We have received the information provided on the concussion information sheet titled, "HEADS UP: Concussion in High School Sports."**

Parent's/Guardian's Signature	Date	Student's School
Student Signature	Date	Student's Printed Name

**NOTE: This form, along with a current Athletic Pre-participation Physical Examination form, must be on file with the Activity Director's Office before participation will be allowed. Costs incurred for the physical examination will be the responsibility of the parent.**