## MCSD MIDDLE SCHOOL ATHLETIC FORM

Parent / Guardian Permission and Acknowledgment
Insurance Information, Good Conduct Policy Agreement, Concussion Receipt

Complete this form if your student is participating in one or more of the following sports activities. \_\_\_\_ Basketball \_\_\_ Cross Country \_\_\_ Football \_\_\_ Swimming \_\_\_ Track \_\_\_ Volleyball \_\_\_ Wrestling Grade (circle one) 7<sup>th</sup> Student's Full Name Phone Address City Zip Birth Date Physician Pysician's Phone PARENT / GUARDIAN PERMISSION and ACKNOWLEDGMENT 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. INSURANCE INFORMATION 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 districts program offer. Brochures are available on the district's website www.muscatine.k12.ia.us Questions concerning the plan may be directed to Students Assurance Services website www.sasmn.com or call toll free 1-800-328-2739. GOOD CONDUCT POLICY 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 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 / Guardian Signature Date Student's School

Note: This form along with a current Pre-participation Physical Examination form must be on file with the Attendance Office before participation will be allowed. Costs incurred for the physical examination will be the responsibility of the parent.

Date

Student's Printed Name

Last modified: 07/31/2018

Student's Signature