

ATHLETIC FEE:

(Athletic participation fee - \$50.00 per sport, maximum \$100.00 each school year)

_____ FALL SEASON

_____ WINT SEASON

_____ SPR SEASON

OFFICE USE ONLY

Cleared _____

DATE OF PHYSICAL _____

FENTON HIGH SCHOOL

ATHLETIC PARTICIPATION PERMIT FORM (Must be Completed for Each Season)

PLEASE PRINT INFORMATION AND PRESS FIRMLY

SEASON: FALL WINTER SPRING (circle one)

SPORT: _____

NAME: _____
(Last) (First)

YEAR IN SCHOOL: FR SO JR SR

ADDRESS: _____

TELEPHONE: _____

CITY, STATE, ZIP: _____

BIRTHDATE: _____

ATHLETIC ACTIVITIES & INSURANCE WAIVER AGREEMENT

As the parent(s) or guardians of _____ I/we give consent for our son/daughter to participate in the sport shown above. I/we acknowledge the fact that the risk of injury is always prevalent in athletic competition. I/We realize that each player participates at his own risk, as this is a voluntary activity. In addition, I/we assume responsibility for securing insurance coverage in case of accident or injury.

Note: Information regarding purchasing student insurance coverage is available in the Fenton bookstore.

I/We certify that we have or will read the Fenton Interscholastic Discipline Policy and agree to abide by the rules and regulations as set forth. In addition, I/we are aware that in order to participate our son/daughter must be in attendance unless special arrangements have been cleared through the Athletic Office or Dean's Office. We also understand that athletes must be passing a minimum of (5) classes and meet our rules meeting requirement in order to be eligible to play.

PARENTAL CONSENT FORM FOR EMERGENCY MEDICAL TREATMENT IN ATHLETIC ACTIVITIES

I, _____, parent or legal guardian of _____ this _____ day of _____, 20____, state that I am a resident of Fenton Community High School District #100, and enroll my child in the school district. I hereby authorize, agree and allow my child to participate in interscholastic athletics. I hereby authorize and consent to Fenton Community High School District #100, its employees and agents, and Dr. _____ my child's physician, or any physician in their group practice, in my behalf and in my stead, to administer emergency medical assistance to my child. This permission and consent extends to the right of Fenton Community High School District #100, its employees and agents to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which in their judgement they deem appropriate to treat any injury sustained by my child. I further authorize Fenton Community High School District #100, by and through its employees and agents to administer such emergency medical treatment as is necessary for the health and welfare of my child.

I do hereby agree to hold harmless and indemnify Fenton Community High School District #100, its employees and agents, either jointly or severally from and against any and all claims, demands, damages or causes of actions or injuries, including reasonable attorney fees and costs in the defense thereof, resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

Athlete's Signature

Parent / Guardian Signature

Date

Note: In order to be eligible to participate in interscholastic athletics at Fenton High School, a student and his or her parent/guardian must attend annually a rules meeting provided by the Fenton Athletic Department.

White - Office
Yellow - Coach