



STUDENT AND PARENT OR GUARDIAN CONSENT FORM

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

PLEASE PRINT:

COMPLETE LEGAL NAME:		LAST	FIRST	MIDDLE
DATE OF BIRTH:	MONTH	DAY	YEAR	CITY STATE
CIRCLE	7	8	9	PLACE OF BIRTH:
GRADE:	10	11	12	SCHOOL:

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge.

I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my high school in any sport, I will not compete in any outside athletic contest in this sport until after the high school season has been completed.

I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

X

SIGNATURE OF STUDENT DATE

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I hereby give my consent for the above high school student to engage in interscholastic athletics and understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

X

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD DATE

This form must be on file in the high school office before practicing with any athletic team.

(Please Print)

EMERGENCY INFORMATION - To be completed by Parent or Guardian or 18 yr. old

Student's Name:	Grade:
	Phone:
IN EMERGENCY CONTACT: 1)	Phone:
or 2)	
My Family Doctor Is:	Please detail any special medical information
(allergies, known drug reactions, current prescribed medications)	