

Bristol Athletic Form

Field Trip Permission/Insurance/Athletic Contract

GENERAL INFORMATION:

Student Name _____ Birthdate _____

Parent/Guardian Name _____

Address _____

ATHLETIC CONTRACT:

As a student in the Bristol Local Schools, I hereby acknowledge and accept the following standards for athletic participation:

- I have received, studied and been informed of student/team rules and regulations for athletic participation.
- I am completely and clearly aware that any violation of the rules and regulations regarding participation, including those regarding practice regulations, sportsmanship and dress codes, etc. will result in disciplinary action(s) which may include denial of participation.
- I am aware that participation in interscholastic athletics is healthy, a positive way to release energy, and enjoyable, but that it also involves dedication, hard work, sacrifice and disappointment.
- I am aware, as are my parents/guardians that athletic participation involves a risk of injury separate and apart from injury prevented by rigorous physical conditioning and cautious coaching.
- I am aware as an athlete, I am a most public representative of our student body, our school and our community and that I expect high standards to be placed upon me.
- I am aware that while participation in interscholastic athletics is an important part of my education, my performance in the classroom is always the first priority and shall be my first concern.
- I am aware, as are my parents/guardians that my participation involves cooperation and sacrifices on the part of my family, as regards to transportation to and from practices and games.
- I am aware, as are my parents/guardians that participation in interscholastic athletics does not guarantee me playing time on the team(s).

FIELD TRIP PERMISSION/MEDICAL AUTHORIZATION

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority when parents/guardians cannot be reached.

In the event of reasonable attempts to contact me at _____(phone #) or _____ (other parent/guardian) at _____(phone #) have been unsuccessful, I hereby give my consent for the administration or any treatment deemed necessary by Dr. _____(preferred physician) at _____(phone #) or _____(preferred dentist) at _____(phone #).

The child should be transferred to _____(preferred hospital) if necessary, or any hospital which is reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which the physician should be alerted should be outlined:

INSURANCE WAIVER:

I/We recognize that no student should participate in any form of practice or contest without being covered by some form of insurance coverage. I/We agree that the Bristol Local School, or any employee thereof, will not be held responsible for any costs resulting from athletic injuries not covered by insurance.

Your Insurance Company_____ Employers Name_____
Parent/Guardian Signature _____

WE GIVE OUR CHILD PERMISSION TO PARTICIPATE WITHOUT INSURANCE COVERAGE AND AGREE THAT BRISTOL LOCAL SCHOOL OR ANY EMPLOYEE THEREOF; WILL NOT BE HELD RESPONSIBLE FOR ANY COSTS RESULTING FROM ATHLETIC INJURIES.

Parent/Guardian Signature _____

I/We acknowledge that our signatures here represent an understanding of the provisions spelled out in the Athletic Contract, Field Trip Permission and the Insurance section of this form.

Parent/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____