



Morrisonville Jr/Sr High School Extra-Curricular Permission Form

Student's Name: _____ Grade Level: _____

Check any anticipated sport participation:

- | | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football |
| <input type="checkbox"/> Poms | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | |

I understand that my student athlete must have a physical examination annually in order to practice or participate in interscholastic team competition. The physical examination each year is good for only one year from the date of the exam.

Date of last physical on file at the school _____

I understand that adequate health insurance is a necessary requirement to participate in Jr/Sr High sports. Our family is covered by an insurance policy and as a result decline the group insurance made available by the District. I, the parent/guardian of the student listed at the top of the page, assume all responsibility for medical treatment for accidents incurred as a result of interscholastic athletics at Morrisonville Jr/Sr High. By checking the box below I grant a member of the school coaching staff permission to authorize emergency medical treatment if I am not present.

In the event of an emergency, I allow the coaching staff of Morrisonville Jr/Sr High to authorize treatment of injuries in the event I am not available to give that permission.

Insurance Company _____
Policy Number _____

I have read, understand and agree to abide by the procedures and guidelines set forth in the Morrisonville Extracurricular Code of Conduct. I further understand that my signature indicates my/my child's acceptance and willingness to abide by the athletic code.

Student Signature _____

Parent/Guardian Signature _____ Date _____

Home phone _____

Cell phone _____

Work phone _____

Emergency contact if I can not be reached

Name _____ Phone _____