



MESSALONSKEE SCHOOL DISTRICT

Extra-Curricular Athletic Activities Acknowledgement — Student/Parent Form

Please use Blue or Black Ink when filling out this form

Please Print

Student Name: _____ Phone: _____ Grade Level: _____

Sport(s): _____

Mailing Address: _____

Parent Name: _____ Phone: _____

Parent Email: _____

DO NOT SIGN WITHOUT READING

ACKNOWLEDGEMENT

As a Messalonskee High School student athlete participating voluntarily in interscholastic athletics, I verify that:

- I have reviewed all information in the Extracurricular Handbook and understand what the Messalonskee School District, The Maine Principals' Association, the Athletic Department, and my coaches expect from me in regards to sportsmanship, citizenship, scholastics, and staying free from drug/alcohol/tobacco use while enrolled in this school.
- I understand the consequences for breaking the drug/alcohol/tobacco school policy, and will not do so while a Messalonskee High School student. I understand that this is a school year commitment. For the purpose of this acknowledgement, a school year is considered to begin with the first fall sports practice allowed by the Maine Principals' Association and will end on the last day of the school year or the last day of the MPA spring sports season, whichever is later. There is **no "off-season"** period of time where this policy will not be in effect and I realize that even if I have not signed this acknowledgement, this policy will still be enforced.
- As a participant, I **agree to**: maintain academic eligibility; conduct myself in a manner that reflects good sportsmanship at all times; refrain from hazing, taunting, or physical confrontations with opponents and teammates; attend all practices and games as scheduled; treat my teachers, coaches, teammates and opponents with respect; refrain from actions which would bring discredit to my team, my family, my school, and myself; follow all state, school, and team policies and rules.

"I hereby acknowledge that I have carefully read the Messalonskee High School Extra-Curricular Athletic Activities Acknowledgement and will abide by these rules, those specifically outlined in the extracurricular handbook and those outlined by the coaching staff for the sport season, as I represent the Messalonskee School District. I will also indemnify and hold harmless the Messalonskee School District from all expense or damage resulting from participation in any approved and sponsored athletic activity. This application to compete in interscholastic athletics for the Messalonskee School District is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school or of the Maine Principals' Association."

Student Signature: _____ Date: _____

The information is complete and true to the best of my knowledge and as a parent/guardian of a student participating voluntarily in interscholastic athletics, I **have reviewed all information and can confirm that**: My son/daughter: is under 20 years of age; enrolled and academically active in the school they represent; has not graduated from high school or its equivalent; meets academic eligibility requirements; has not exceeded eight consecutive semesters of time (four years) from their entrance into the ninth grade; has not participated in more than four seasons of a particular sport at the high school level; will not participate on a non-school team during the regular sport season unless they have permission from the school principal.

"I hereby give my consent for the above-mentioned student to represent Messalonskee School District in athletic activities and to accompany any school team which he/she is a member on any out-of-town trips. I acknowledge the inherent dangers of participation in athletics and recognize that participation may be the cause for injuries such as sprains, fractures, dislocations or a more long lasting disability, paralysis, or even death. I will also indemnify and hold harmless the Messalonskee School District and its employees and offices from all expense or damage resulting from participation in any approved and sponsored athletic activity."

Parent/Guardian Signature: _____ Date: _____

Required information to be completed by parent/guardian

Emergency Information

Name of Parent(s)/Guardian(s): _____ Phone: _____

Father/Guardian Employer: _____ Phone: _____

Mother/Guardian Employer: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Medical History Update — Please check all that apply:

- My son/daughter has had:** a concussion, been hospitalized, had a serious illness, had Achilles tendon problems, every worn a cast/splint, injured a shoulder, elbow or wrist.
- My son/daughter has a history of:** neck injury, heart murmur, seizures, asthma, allergies, collapsed lung, ankle problems, back problems, knee problems.
- My son/daughter is:** under the care of a physician now, currently taking medication.

Please explain any items checked above:

Insurance Information — The Messalonskee School District and the MPA require that all athletes have insurance coverage to participate in sports. Please answer **ONE** of the following:

- My student athlete has adequate insurance coverage.

Company

Policy Number

- We will purchase school insurance, which will cover our student athlete in all sports other than football. Forms may be obtained through the Athletic Office.
- We will purchase football insurance through the Messalonskee School District at a rate, which will cover my student athlete during the football season only.

Contest Travel Release

- I give permission for my student athlete to ride home with his/her parent or guardian from all away contests during the sports season. My student athlete may also be transported by the following adults (non students):

MPA Information

At times it is necessary for the Athletic Office to know the following information in order to complete the Maine Principals' Association (MPA) forms. Please answer **ALL** questions that apply to you:

Name (as on your birth certificate): _____

Date of Birth: _____

Age: _____

Date of last physical: _____

Provider of last physical: _____

Date you entered grade 9: _____

Date you entered Messalonskee High School: _____

If you are a transfer student to Messalonskee High School:

Name of previous school

Date of withdrawal