

Exhibit – Agreement to Participate

To be completed by the student-participant and submitted to the Building Principal or designee

Student: _____

Sport or Activity: _____

In consideration of the Sandwich School District permitting me to participate in the above sport or activity, I agree as follows:

1. I will abide by all conduct rules and will behave in a sportsmanlike manner.
2. I will follow the coach/sponsor's instructions, playing techniques, training schedule and safety rules for the above sport or activity.
3. I acknowledge that I am aware that participation in the above sport or activity may involve **many risks of injury**. I hereby assume all the risks associated with participation and agree to hold the Sandwich School District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activity or sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student Signature: _____

Date: _____

To Be Completed By The Parent/Guardian:

I, _____ am the parent(s)/guardian(s) of the above named student. I have read the above Agreement to Participate and understand its terms. I understand that all sports can involve **many risks of injury**. In consideration of the School District permitting my child/ward to participate in the above sport or activity, I agree to hold the Sandwich School District, its employees, agents, coaches, School Board members and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in the above sport or activity. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above mentioned sport/activity. As a parent, I also agree I will reinforce and exhibit positive sportsmanship while acting as a spectator.

Signature of Parent(s)/Guardian(s): _____

Date: _____

Students

Exhibit, Certificate of Physical Fitness for Participation in Athletics

After completion by parent/guardian, please return to Building Principal.

Student:	
Sport/Activity:	Date of Birth:

I am the parent(s)/guardian(s) of the above student. I certify that my child/ward is in good physical health and is capable of participation in the above mentioned sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation. I will notify you of any changes in his/her physical condition.

Parent/Guardian <i>(please print)</i> :		
Home Address:		
Home Phone:	Business Phone:	Cell Phone:
Physician:		Phone:

Student's Medical History:	Heart Condition	Yes	No
	Allergies	Yes	No
	Diabetes	Yes	No
	Epilepsy	Yes	No
	Asthma	Yes	No
	Other:	_____	

Any injuries and/or surgical procedures during the past year? *(include dates)* _____

Has the student's physical activity been restricted during the past year? *(include reason and duration)* _____

Is the student currently taking any medication? Yes No
 If Yes, please provide name of medication frequency, dosage, and reason for taking: _____

Parent/Guardian Signature: _____ Date: _____

StudentsExhibit – Authorization for Medical Treatment Form*To be submitted to the Superintendent*

Student:	
Sport/Activity:	Date of Birth:
Home Address:	
Home Phone:	

To whom it may concern: In the event reasonable attempts to contact me at the locations listed below are unsuccessful, I, as parent or legal guardian of the above student, do hereby authorize: (1) the treatment by a licensed medical physician of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and (2) the transfer of my child/ward to any hospital reasonably accessible.

This release form is completed and signed with the purpose of authorizing medical treatment under emergency circumstances in my absence. *(please print)*

Name and relation to student:	
Address:	
Home Phone:	Business Phone:
Cell Phone:	Other Phone:

Emergency contact:	
Home Phone:	Business Phone:
Cell Phone:	Other Phone:

Physician:	Phone:
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Allergies, Medicines, or Other Conditions: <i>(please list)</i>

Parent/Guardian Signature: _____ Date: _____