

Interscholastic Activities Physician/Parent/Student Agreement

You should realize that there are inherent risks associated with competitive sports and the possibility of serious injury exists. We make every effort to issue safe and proper equipment and to provide good medical attention. As you read further, you will realize all possible care is taken to insure that participants are physically able, have parental permission and carry insurance. You have our assurance that you will be informed whenever anything occurs out of the ordinary and you are invited to call anytime with whatever questions you may have.

We thank you for supporting our programs and remain confident that together we can make Interscholastic Athletics a healthy, fun and educationally sound experience for all youngsters in Bath who choose to participate.

Print Athlete's Name

Sport

Class

Doctor's Statement:

I certify that the above named athlete is physically fit and able to participate in Interscholastic Athletics at Bath Middle School, with the following limitations:

Print Doctor's Name

Doctor's Signature

Date

Health Concerns:

Identify any allergies or health issues for the above named athlete, including a list of current medications:

Parent/Guardian/Athlete:

I recognize that it is my responsibility to provide for all medical treatment, hospital and ambulance costs in the event of an injury. ***Her/his insurance coverage will be provided by:***

I give my permission for my daughter/son named above to participate in Interscholastic Athletics at Bath Middle School. I have read and understand the Bath School Department Substance Abuse Policy and the Interscholastic Activities Agreement and I will abide by/support these expectations. I understand it is a privilege to participate in Interscholastic Athletics, one that deserves a high code of conduct. **I understand that it is my responsibility as a parent to review any medical needs and provide all necessary medications to the coach at the start of each season especially for those athletes with serious health issues like asthma, diabetes, and bee sting allergies.**

Parent/Guardian Signature

Phone

Emergency Contact Person

Emergency Phone

Extracurricular Activities Student/Parent/Guardian Agreement

We are delighted that your daughter/son has chosen to participate in an extracurricular activity at Bath Middle School. These programs are available to students in the Bath school system as a privilege. The students will represent our school and community and we expect a certain code of conduct from each participant.

- 1. We expect behavior consistent with the rules governing school.**
- 2. We expect a commitment from each student to remain tobacco/alcohol/drug free. They will not possess, furnish or consume any tobacco, alcohol or illicit drugs on or off school property during the season that their program is active.**
- 3. We expect students to set a positive example for others and be unimpressed with those who may disregard this code of conduct.**
- 4. We expect them to sign an agreement and that they will live up to their word.**
- 5. A student who has violated the substance abuse policy will, upon returning to his/her team, apologize to his/her teammates before being allowed to participate.**

We are asking each parent/guardian and advisor to support this effort to create a safe and healthy environment where all students have an opportunity to experience life without the distracting and harmful atmosphere that surrounds substance abuse. Those students who fail to be tobacco, alcohol and drug free will face consequences consistent with the Bath School Department Substance Abuse Policy.

I have read and understand the Bath School Department Substance Abuse Policy and the Extracurricular Activities Agreement and I will abide by/support these expectations. I understand that it is a privilege to participate in Extracurricular Activities, one that deserves a high code of conduct.

Student's Signature

Date