

PRINCIPALS' COMMITTEE ON ATHLETICS GRADES 6-8

Acknowledgement, Authorization and Assumption of Risk Form

Academic Year 2017—18

The undersigned, being an adult student athlete or parent/legal guardian of the undersigned minor prospective student athlete, hereby acknowledge that said student seeks to participate in a student sports program sponsored by the Principals' Committee on Athletics Grades 6—8. The undersigned specifically assert that said student athlete will comply with the rules and regulations governing athletics participation of the Principals' Committee on Athletics Grades 6—8, the undersigned hereby authorize the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency and disciplinary record of the undersigned student to Principals' Committee on Athletics Grades 6—8 for the purpose of enforcing the rules and regulations of the athletics program; that they are aware that the athletic participation requires physical fitness; that the student possesses such fitness; and that some risk is involved in sports participation. **For sports involving helmets, we acknowledge the following WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.**

Now, therefore pursuant to Rhode Island General Laws 7-6-9, as amended, the undersigned, in consideration of participation in a Principals' Committee on Athletics Grades 6—8 sports program, herein grant to its officers, directors, trustees, agents (to include but not limited to the local School Committee or its parochial or private equivalent), servants and employees, a waiver of liability as regards to participation in the sports program sponsored by the Principals' Committee on Athletics Grades 6-8. The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sponsored by Principals' Committee on Athletics Grade 6-8.

Tiverton Middle School

School (Print)

Name of Parent/Guardian (Print)

Tiverton

City or Town (Print)

Signature of Parent/Guardian

Name of Student (Print)

Date of Signature

Signature of Student

<NOTARY SEAL>

Age of Student Student's DOB Current Grade

Signature of Notary Public/Commission Expires

This form must be completed by all students intending to participate in any Principals' Committee on Athletics Grades 6-8 sport. All minor students must sign and have a parent or legal guardian also sign. All forms are to be notarized and returned to the school principal or principal's designee for storage in the school. Failure to submit a duly executed form will cause the athlete to be declared ineligible. Only one form for each participant is necessary for the duration of one's eligibility in sports programs sponsored by the Principals' Committee on Athletics 6-8.

Tiverton Athletic Department

Insurance Form

For a student/athlete to compete at Tiverton Middle School, they must have some form of medical insurance. If there is no family medical insurance, then prior to competition, the student must apply and acquire school insurance. No Participation will be allowed until evidence of insurance is demonstrated.

Student's Name: _____ Grade: _____

Please check one of the following that applies to your situation:

_____ I have family insurance.

If so, list the name of the plan and it's number:

_____ # _____

_____ I have school insurance.

_____ I have no medical insurance and will obtain school sponsored insurance. I also understand that my child will not be allowed to participate this purchase has been demonstrated.

Athletic Department
Emergency Medical Authorization

This form must be made available by the coach at all team practices and contest for each team member to insure proper medical treatment by physicians or hospital in the event of serious injury.

Athlete's Name _____

Birth Date _____ Grade _____ Sex _____

Parent's Name _____

Home Phone _____ Business Phone _____

Address _____ Zip Code _____

E-mail Address _____

In the event the parents cannot be contacted, please contact:

_____ at phone # _____

List sports the above named athlete plays:

1. _____

2. _____

3. _____

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

Preferred Physician _____

Preferred hospital _____

I understand this authorization will only be enforced when I cannot personally be contacted and provided for immediate treatment.

Signed (Parent or Guardian)

Date