

STOW-MUNROE FALLS HIGH SCHOOL
ATHLETIC PARTICIPATION FORM

SPORT _____ GRADE _____

NAME _____ TELEPHONE _____

HOME ADDRESS _____

DATE OF BIRTH _____ AGE _____
(month) (day) (year)

RECORD OF BIRTH _____
(county) (state)

ATTENDED STOW HIGH SCHOOL SINCE FRESHMAN YEAR _____ Yes _____ No _____

IF NO, THE DATE FIRST ENTERED STOW HIGH SCHOOL _____
(month) (year)

SCHOOL ATTENDED LAST SEMESTER _____

FATHER'S NAME _____ WORK# _____

CELL # _____

MOTHER'S NAME _____ WORK# _____

CELL # _____

I understand that there is some danger in all of athletics and injuries can and do occur. The Stow-Munroe Falls School District has issued appropriate protective equipment to me. I must assume some of the responsibility to prevent injuries from occurring.

Signature of Student Athlete

Date

I hereby give my consent of the above-named student to represent his/her school in athletic activities, and to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonable necessary for the student in the course of such athletic activities or such travel. (NOTE: The school will make every attempt to make use of the health and injury information card.) I also agree we/I will not hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel.

I have read the eligibility rules and regulations of participation and fully understand them. I further understand that should there ever be a time whereby either my son/daughter or the school is not in accordance with these guidelines, I may request a conference within three calendar days of such time with school personnel - athletic administrator, principal and/or coach to discuss the matter further.

Signature of Parent/Guardian

Date