

2009-2010

**HAMPDEN ACADEMY - PARENT & STUDENT
CONSENT AND RISK WARNING ACKNOWLEDGEMENT FORM**

Student Name

**The above student has permission to try out and/or participate in all of the
HA Athletic sports listed below:**

Baseball	Field Hockey	Hockey	Softball
Basketball	Football	Skiing	Team Manager
Cheerleading	Golf	Swimming	Tennis
Cross Country	Gymnastics	Soccer	Track-Indoor & Outdoor

ATHLETIC RULES (student)

I acknowledge that I am familiar with the RULES AND REGULATIONS contained in MSAD #22 High School Athletic Policy governing participation in the athletics at Hampden Academy and I agree to follow them. I understand that a violation may result in suspension or dismissal from these activities. I know of no reason why my child should not participate in this activity.

CONSENT FOR EMERGENCY TREATMENT (parent)

I give consent for my child to participate in the athletic programs at Hampden Academy. I authorize the school and its employees to act in my place in all respects and with all immunities should the need arise during the course of an athletic activity or related travel. This shall include, but not be limited to, obtaining emergency medical care.

ACKNOWLEDGEMENT OF RISKS (parent & student)

I agree that during the course of travel in connection with an athletic event, my child is not within the physical custody of the district to the same extent as while on school grounds and it is impossible for the district and its employees responsible for a particular athletic activity to personally supervise each student in the activity at every moment. My child has voluntarily chosen to participate in athletics and any related travel. I agree to release, indemnify and hold the District, its Directors, employees or agents harmless from any claims arising from any injury related to my child's participation in athletics. I hereby assume all risks associated with such participation.

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many risk or injuries. I understand that the dangers and risks of playing or practicing to play in athletics include, but are not limited to death, serious neck and spinal injuries which may result in musculoskeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that the dangers and risks of playing of practicing to play may result in, not only serious injury, but in a serious impairment of future abilities to earn a living and to engage in other business, social and recreational activities.

Because of the dangers of participating in athletics, I recognize the importance of following coaches' instructions regarding playing and training techniques, and team rules, etc. and agree to obey such instructions.

In consideration of the M.S.A.D. # 22 permitting me to try out for the sport(s) checked and engage in all activities related to that team, including but not limited to, trying out, practicing or playing/participation in the sport, I hereby assume all risks associated with such participation. I also agree to report all injuries to my coach within 24 hours of its occurrence.

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INSURANCE COVERAGE (parent)

I acknowledge that my child is insured through an *in-force*, accident coverage, and insurance program. I am aware that without insurance coverage my child may not participate in athletics. All interscholastic athletic participants are required to have this insurance prior to the onset of their sports season and continuing throughout the year.

School or Personal Insurance Company _____

Policy or Certificate Number _____ Group Number _____

Personal Physician _____ Telephone _____

CONSENT FOR MEDICAL CARE (parent)

I give my consent for the school and its employees to act in my place in all aspects and with all immunities should the need arise during the course of any athletic event or related travel. This shall include, but not limited to, obtaining medical care.

SPORTS PHYSICAL

I acknowledge that my son or daughter has met the requirements of obtaining a physical exam, which is required each year.

SUMMARY OF ACKNOWLEDGEMENTS AND AUTHORIZATION

By signing below, the parent or guardian and the student athlete:

- ___ Have read and understand the athletic rules and policies adopted by MSAD # 22
 - Training and Practice Rules
 - Behavioral Expectations
 - Grade Requirements
 - Drug and Alcohol Prohibitions
- ___ Have acknowledged risks of application
- ___ Give consent for treatment
- ___ Have medical insurance coverage
- ___ Have had a physical exam
- ___ Agree to release and hold harmless MSAD # 22 and its employees, agents, coaches, and volunteers
- ___ Give permission to try out and participate in all sports listed on the reverse side

This form must be filled out completely and filed in the athletic director’s office before the student will be allowed to draw equipment, to practice, or to compete in interscholastic athletics. In addition to this form, Hampden Academy may have other specific requirements of their prospective athletes.

Student Athlete SIGNATURE DATE

Parent/Guardian SIGNATURE DATE

Address

Telephone