

Grade _____ / Student's Name _____

MADISON MIDDLE SCHOOL TRACK PERMISSION FORM

THIS FORM MUST BE COMPLETED YEARLY

Dear Parents or Guardians:
Please read this District 4J form and discuss it with your student! It should also be understood that several obligations listed below must be met prior to his/her participation (**this means prior to the first practice**).

LINES FOR OFFICE USE ONLY

- _____ PHYSICAL EXAMINATION (green form)
(This is required every two years during middle school competition.)
- _____ INTERVAL HISTORY FORM (blue form)
(This is required opposite years of physical examination.)
- _____ INSURANCE: All participants must have insurance, either their own or through the District. (see box below)
- _____ PARTICIPATION FEE - \$100, or \$20 with district financial aid form (white form in office)

PARENT OR GUARDIAN PERMIT

I want my son/daughter to have the privilege of participating in competitive school athletics. Therefore, s/he has my permission to compete in all sports approved by the Board of Education of the local school district and to be transported according to district transportation policy.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that there are risks of injury when participating in athletics and the district assumes no financial obligation for any injury that may occur. I am advised that students are held responsible for all players' equipment owned and issued by the school and ***may not receive their yearbook until issued equipment is turned in, or paid for.***

_____ Date _____ Signature of Parent or Guardian

INSURANCE ARRANGEMENTS:

My son or daughter is fully covered by insurance carried by parents or guardian and the school will not be liable for any injury that occurs during athletic practices, contests, or travel to and from athletic events.

_____ Name of Insurance Company
_____ Date _____ Signature of Parent or Guardian

OR

I have purchased the following school insurance for my child:
____ 24-Hour ____ School-Time Plan: These two plans do not cover interscholastic athletics 9-12.
____ Interscholastic Tackle Football ____ 24-Hour Dental Plan ____ Other Interscholastic Sports Plan

_____ Date _____ Signature of Parent or Guardian

I have **read both sides of this form** and discussed it with my student. We will abide by all district & school rules and regulations.

_____ Signature of Parent or Guardian
_____ Signature of Student _____ Date