

SES Athletic Permission to Participate

Parent/Guardian: Please complete the entire form if your student wishes to participate in any interscholastic sport. This form permits students to participate for ONE Academic Year. Please print clearly.

Student's Name: _____ Grade: _____

Athletic Restrictions Known by Parents: _____

My student-athlete plans to participate in the following sports during the school year: (check all that apply)

_____ Soccer _____ Cross Country _____ Basketball _____ Softball _____ Baseball

Guardian Name (1): _____ Phone: _____

Address: _____ Town: _____ Zip Code: _____

Guardian Name (2): _____ Phone: _____

Address: _____ Town: _____ Zip Code: _____

Uniform Sizing (Youth and Adult Sizes in S, M, L, XL) Tops: _____ Bottoms: _____

Physical Exam: Evidence of a physical examination that permits athletic participation, from an approved health professional, must be submitted to the school prior to participation in practices, performances, or games. **The physical exam will be required ONCE a year to participate. You can drop forms off with the front office or have your physician fax it to us at: 207-667-3296.**

Insurance: It is mandatory that all students participating in interscholastic athletic programs be covered by adequate accident and health insurance.

Policy Holder's Name: _____

Insurance Company: _____

Policy #: _____

Any student who participates in extracurricular activities without insurance or during a lapse in coverage does so at their own risk. If there is any change in insurance coverage during the school year, please notify the school as soon as possible.

Authorization to Obtain Treatment

I hereby authorize the coach, or other designated school personnel, to obtain the services of a physician and/or ambulance service if, in the opinion of the coach, it is deemed necessary due to an injury to my student-athlete. I understand that the school is not responsible for expenses incurred as a result of these services. When possible, we will attempt to honor your preference by using your local family physician, as noted above.

If I cannot be reached in an emergency, please contact: _____

Parent/Guardian Signature: _____

Athletic Participant Agreement

I do hereby agree to abide by all the requirements of the activity, school policies, code of conduct, and transportation rules as set forth by the school and coaching staff. I understand that these regulations are in effect for as long as I am a member of SES programs, during school and outside school during the activity. I understand that violations may lead to immediate dismissal from the activity. Because of the element of risk with athletic competition, I recognize the importance of listening to and following all of the coach's instructions, training methods, and team rules. By signing this, I hereby promise to obey all such instructions, procedures, and policies set forth by the Surry Elementary School and School Board Committee.

Participant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

It is the Parent/Guardian's Responsibility to Notify the School if any of this information changes during the academic year.

Return this form to the Front Office or Homeroom Teacher who will forward to the AD
All required documentation must be submitted prior to attending any practices or games

If you have any questions or concerns; please contact:

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