## **GOLDEN EAGLE ACTIVITIES**

## Responsibility Acknowledgment Insurance & Medical Consent

NAME:				SEX: $\square$ M $\square$ F	BIRTHDATE:	
-	LAST	FIRST	M.I.			
PARENT/GU	JARDIAN:					
ADDRESS:						
HOME PHONE:		CE	LL PHONE:	WORK PHONE:		
EMERGENO	CY CONTACT:			I	PHONE:	

## Prior to participating in any practice or tryout sessions for any interscholastic activity, each student must:

- 1) Have successfully passed a physical examination by a registered physician and the copy of such examination must be on file in the office of the Athletic Director.
- 2) Have returned to his/her coach the Parent Permission Form completely filled out and signed, and the Activities Responsibility Form properly signed.
- 3) Have paid the Activities Participation Fee and have all fines paid from the previous year.

## As a Fergus High School student participating voluntarily in interscholastic activities, I understand that:

- 1) I will abide by the Fergus High School student code of conduct, the school's Activities Handbook, the Coaches team rules, and the rules of the Montana High School Association.
- 2) I will conduct myself in an exemplary social manner at all times.
- 3) I will be responsible for all equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for all equipment not accounted for by me at the end of the season.
- 4) I will not be in attendance at a function, or be riding in a vehicle where tobacco, alcohol or drugs are located or being used.
- 5) I will not use or be in possession of tobacco, alcohol, or narcotics. If I do use any of these substances, am in possession of such substances, or am suspended from school for use or possession of these substances, I will be subject to disciplinary actions as outlined in the athletic handbook.
- 6) I acknowledge that I have been properly advised, cautioned, and warned by administrative and coaching personnel of the Fergus High School District #1 that I am exposing myself to the risk of injury, including

but not limited to, the risk of sprains, fractures and ligament or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.

- 7) I recognize the importance of following the coach's instructions regarding playing techniques, training and other team rules, etc. and I agree to obey such instructions.
- 8) I, along with my parents, certify that we will read the Fergus High School Activities Policies in the Activities Handbook, that my parents will attend a tobacco, drug and alcohol meeting at Fergus High School where the policies will be explained, and that in order to be eligible for participation I must comply with all requirements listed.

Date:

Student Signature

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YEAR IN SCHOOL: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12
9) I hereby certify and affirm that I am the parent or legal guardian of the above student athlete. I understand that all sports can involve many risks of injury including, but not limited to, those risks outlined above. I hereby assume all risks of playing and practicing to play/participate for the above student.
10) I further release and waive, and agree to indemnify, hold harmless or reimburse the school district, and the individual members, agents, employees and representatives thereof, as well as sports supervisors and coaches, from and against any claim which the above named student, I, and other parent or guardian, and sibling, or any other person, from or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during or in connection with the participation by the above named student. I understand by signing this warning, agreement to obey instructions, and assumption of risk. I am waiving all rights that the above named student, I, or any other person may have to compensation for physical injury that may result from participation by the above named student. Name of Insurance Company:
EMERGENCY MEDICAL SERVICE STATEMENT:
If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.
Signed: Date:
PARENT OR GUARDIAN SIGNATURE