

TALMADGE MIDDLE SCHOOL SPORTS INFORMATION, PERMISSION, AND PLEDGE

INFORMATION

***PARTICIPATION/TRAVEL**

I agree that Central School District shall not be responsible for injuries, accidents or loss of personal property that my student may incur in connection with participation in extra curricular activities. Additionally, I agree the School District is not responsible for injuries incurred during supervised practice or games, or in traveling to or from practice or games whether by private vehicle or common carrier. All participants MUST travel with the group, however a parent may make a request in writing if they wish to drive their participant. The written note must be signed by the principal or designee and presented to the coach/advisor. A minimum liability coverage of \$300,000 and \$100,000 property damage is required for parents transporting students other than their own in private vehicles. All participants will ride the common carrier to all contests. Parents must sign their child out with their coach following athletic events.

*** INSURANCE**

I further understand that Talmadge School carries no extra-curricular insurance, and that the only coverage for accident or injury of any student is the coverage provided by the parents and that the school cannot and does not assume any financial obligation resulting from care of any injury, or the medical treatment of any participant. Further, we authorize the school, in event of accident or injury, to call a qualified doctor or send my son/daughter to a qualified doctor, or to a hospital, or to provide necessary First Aid. We, the parents/guardian do hereby accept the responsibility for payment of any costs so incurred. School athletic insurance is available for purchase through the athletic office. Injuries in any sport or activity must be reported to the coach/advisor within 24 hours.

*** HEALTH**

I acknowledge that my student's physical health and fitness to participate in extra curricular activities are my responsibility. It is very important that Central is notified of any recent illness or chronic disease or illness. Such things may include epilepsy, asthma, diabetes, or heart disease. All information is considered confidential. I understand that a physical exam given by the physician we choose is required every **TWO** years, with the proper forms filled out and returned to the athletic office.

*** EQUIPMENT**

The uniforms, gear, suits, and supplies shall be issued by the coach or advisor with assistance from student managers. Proper return of all equipment will be the responsibility of the coach of the sport. Any equipment lost by the participant will be paid for by that individual at the replacement cost of the lost item.

*** FEE**

I promise to pay the required participation fee before the athlete participates in a practice. Please contact the business office for a payment plan. All fees must be paid in full before the next sport season begins. Make Checks payable to Talmadge Middle School.

***STUDENT-ATHLETE AGREEMENT**

I understand that the Student-Athlete Agreement rules are in effect 24 hours a day beginning with the first day of signing and ending on the day I graduate. This includes all holidays and summer breaks.

PARENT PERMISSION

I hereby grant permission for my student to participate in and travel to school activities.

PLEDGE

By signing we acknowledge we have read, understand and agree to the terms outlined in the TMS Extra Curricular policy and Student-Athlete Agreement.

Parent/Guardian Signature

Date

Student Signature

Date

(Over for Student/Parent Information)

TALMADGE MIDDLE SCHOOL STUDENT INFORMATION FOR SPORTS PARTICIPATION TODAY'S DATE: _____

Last name, First Name, Middle Initial Student ID# Current Grade / / Date of Birth: Gender: M F

Street Address: _____ **Parent/Guardian Information: [Person(s) the student lives with]**

City, Zip Code: _____ Mother/Guardian: _____

Home Phone #: _____ Work Phone#: _____ Cell Phone #: _____

Cell #: _____ Father/Guardian: _____

Last School Attended: _____ Work Phone#: _____ Cell Phone #: _____

Email: _____ Email: _____

Please read and sign the permission and pledge on back!

Emergency Contact: Person to contact when Parent/Guardian can not be reached: _____

Relationship _____ Phone Number: _____

Medical Information: You must have Medical Insurance to Participate.

Athlete is covered by personal insurance. Name of Insurance Company: _____ Group/ID #: _____

Athlete has purchased Insurance through the School: Coverage Dates: _____ Policy # _____

Doctor's Name: _____ Phone #: _____

Medical Alert: Allergies: _____ Medical problems: _____ Medication: _____

Please circle all sports you might participate in during the current school year.

Fall: Cross Country Football Soccer/Boys **Winter:** Boys Basketball Girls Basketball **Spring** Track & Field
Soccer/Girls Volleyball

*****Revised 5/16/15*****

OFFICE USE ONLY:	Fall/Clear _____	Fall _____	Winter _____	Spring _____
Insurance: _____	Winter/Clear _____	Fee Paid: _____	Fee Paid: _____	Fee Paid: _____
Signatures: _____	Spring/Clear _____	Date Paid: _____	Date Paid: _____	Date Paid: _____
Physical Date: _____		Receipt #: _____	Receipt #: _____	Receipt #: _____