

# **TALMADGE MIDDLE SCHOOL SPORTS INFORMATION, PERMISSION, AND PLEDGE**

## **\* HEALTH**

I acknowledge that my student's physical health and fitness to participate in extracurricular 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 school office.

## **\*STUDENT-ATHLETE ELIGIBILITY REQUIREMENT**

Students will maintain a 2.25 minimum score in CRLS and completing assignments. Every two weeks during the season students will be reviewed. Students falling below 2.25 and / or missing assignments will be placed on probation. Students have one week to make positive academic progress. Students who don't make academic progress will be unable to participate in contests until standard eligibility requirement is attained. Students who earn an after school detention will serve the detention, no practice, no games on the day scheduled to serve. Referral students will not participate in contests and games for the remainder of the week, possibly removal depending on the level of referral. Administrative discretion will be used.

## **\* FEE**

I promise to pay the required participation fee **BEFORE** the athlete participates in a practice. Please contact the bookkeeper for a payment plan. All fees must be paid in full before the next sport season begins.

## **\* 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 or damaged by the participant will be paid for by that individual at the replacement cost of the lost or damaged item.

## **\* PARTICIPATION**

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 extracurricular 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.

## **\* TRAVEL**

All participants **MUST** travel with the group, with the following exceptions:

1. Parent may notify the coach and sign out their student to be transported after an athletic event with the parent/guardian.
2. Parent may designate another person to transport their child **with a written note approved and signed by the athletic director and presented to the coach/advisor.** Automotive minimum liability coverage of \$300,000 and \$100,000 property damage is required for transporting students other than your own. Proof of Vehicle Liability Insurance form **MUST** be completed and turned in to the Athletic Director **PRIOR** to travel.

## **\* 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 info available in the office. **Injuries in any sport or activity must be reported to the coach/advisor within 24 hours.**

## **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.***

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**Parent/Guardian Signature**

**Date**

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**Student Signature**

**Date**

***(Complete both sides of paper)***

**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 #: \_\_\_\_\_

Email: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Please read and sign the permission and pledge on back!**

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**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: \_\_\_\_\_

***(Complete both sides of paper)***