

AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

Frederick County Public Schools
As parents or legal guardians of



First Middle Last
(Please Print)

We hereby authorize and consent to our child's participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. **We assume the risk of injury to our child that may occur in an athletic activity.**

In consideration of the acceptance of our child by the Frederick County Public Schools in its athletic program, and the benefits derived by our child from participation, we agree to release and hold harmless the Board of Education of Frederick County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgments, and expenses arising from our child's participation in interscholastic athletics and sports.

We hereby give our consent and authorize the Board of Education of Frederick County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of our child, and agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions and during travel to and from athletic contests.

Students who have made a decision to take part in the athletic program will be required to practice and participate in scheduled contests after school and possibly on non-school days. Supervision at practice, games and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Frederick County Public Schools as issued by the Frederick County Board of Education and the Maryland State Department of Education.

Every candidate for and participant on an interscholastic team must obtain and maintain insurance against possible accident or injury in school-sponsored games, practice sessions, and during travel to and from athletic contests. Such coverage may be provided by the purchase of scholastic accident insurance (through the school); otherwise, proof of similar or superior coverage must be presented. **Football insurance must be purchased separately from other insurance options.**

RESIDENCY REQUIREMENTS

I also declare and affirm that my child resides within the attendance area of:

(Name of School)

or is attending

(Name of School)

with the special permission of the Office of Pupil Services of Frederick County Public Schools. A student attending a high school without the benefit of residing* within the school's attendance area and/or special permission of the Superintendent of Schools or his designee, is subject to disciplinary action which could result in the loss of athletic eligibility for a period of time, ineligibility in a specified sport for the forthcoming year, or penalties as may seem justified in the particular case. It is also possible for the athlete's team and school to be penalized.

*Residing means with parents or legal custodians.

Parent or Legal Guardian Signature

Date

STUDENT ATHLETE INFORMATION FORM

Name (First, Middle, Last)		Grade	Age	Birthdate
My son/daughter/ward is covered by medical insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Company Name, Policy Number		If no, student must have school insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Physician			Telephone Number	
Dentist			Telephone Number	
Date	Home Telephone Number	Emergency Telephone Number		E-mail Address
Legal Home Address	Street	City	State	Zip Code

Parent/Legal Guardian Name _____

Year	High School(s) Attended	Grade	Sports Played

Parents, please initial each item below.

By evidence of the signatures below, you are testifying that you:

- Have read the athletic brochure
- Have read the provisions of the Authorization for Participation in Interscholastic Athletics form
- Understand the eligibility and residency requirements
- Understand the school system's drug and alcohol policy
- Give permission for participation and assume risk for injury that may occur
- Acknowledge valid insurability by school or private insurance carrier
- Give permission for student's name and picture to be used for internet and school publications

Failure to accurately complete, sign and return to your child's coach will result in his/her exclusion from participation in the interscholastic athletic program of the Frederick County Public Schools.

_____ (Sport)

_____ (Student's Signature) _____ (Date)

_____ (Parent/Legal Guardian Signature) _____ (Date)