



TRY-OUT PACKET

ATHLETICS PARTICIPATION FORM

Athlete's Name: _____

Sport/Activity: _____

Address: _____

Home Phone: _____

Parent/Guardian: _____

Cell Phone: _____

In case of emergency, contact: _____

Phone: _____

By its very nature, _____ [redacted] _____, including tryouts, may put students in situations in which serious catastrophic and perhaps fatal accidents may occur. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate the risk of injury. Just as driving an automobile involves risk of injury; participation in _____ [redacted] _____ by students involves some inherent risk. The importance of your awareness of these risks in determining whether or not allow your child to participate cannot be overstated. There have been accidents in _____ [redacted] _____ resulting in very serious permanent physical impairments as a result of athletic or activity participation.

Students will be instructed in proper techniques and in the proper utilization of all equipment or work in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

No amount of instruction, precaution, and supervision can eliminate all risk of injury, including serious injury.

By Signing below, you acknowledge that you understand and accept such risk and authorize the student named above to participate in _____ [redacted] _____. By Choosing to participate, you acknowledge that such risks exist.

ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter to participate in the District sponsored activity of _____ [redacted] _____, including tryouts.

I have read this form in its entirety and understand its contents. I understand that it is my obligation to ask questions about anything I do not understand.

I understand and acknowledge that participation in _____ [redacted] _____ is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I agree to assume financial responsibility for any medical costs and expenses incurred as a result of any injury that may be sustained by my child while participating in _____ [redacted] _____.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my child which is incident to and/or associated with preparing for and/or participating in this activity, including tryouts.

I acknowledge that I have carefully read this ATHLETIC PARTICIPATION FORM and that I understand and agree to the terms.

Parent/Guardian _____

Date _____

Statement of Consent & Signature Confirmation

I hereby give my consent for _____ (“the student”) to compete in MUSD athletics. I authorize the student to go with and be supervised by a representative of the school on any trips. In the event this student becomes ill or is injured, the school representatives are authorized to have the student treated and I authorize the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I give my permission to an Athletic Trainer to administer first aid, communicate with the team physicians and/or consulting physician, follow-up treatment and rehabilitation when appropriate in his/her professional judgment, as approved by the team physicians and/or consulting physicians. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Parent/Guardian _____

Date _____

EVIDENCE OF INSURANCE COVERAGE

Student's Name: _____

School: _____

Sport: _____

Name of Insurance Company: _____

Company Address: _____

Company Phone Number: _____

Parent/Guardian _____

Date _____

Request for accommodations to be provided during participation in high school athletics

This form is optional and should only be filled out by parents of a student who requires accommodations to participate in athletic activities. If applicable, please fill out and return to the School Athletic Director at least one week prior to tryouts.

Student's Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian's Name: _____

Does the student have an IEP or 504 plan? (Please circle)

Does the student have a special education case carrier? Yes / No

If yes to the above, please provide the person's name: _____

Please answer completely the following questions:

1. Should the coaches be aware of any specific physical/medical concerns or modifications? (e.g., attention-deficit, motor skills, comprehension skills). If so, what?
2. Should the coaches be aware of any behavioral complications/modifications? If so, what? (e.g., interaction with others, self-control). If so, what?
3. Is there any special equipment your student would need to participate in this sport? If so, please explain.
4. Are any specific accommodations needed for your student to try out/participate in the sport?