

Medomak Valley High School Athletic Consent Form

Student-Athlete Name: _____ Grade: _____ Sport(s): _____

Throughout the sports season, local and statewide newspapers, television stations, commercial photographers, and other media may be permitted to visit our school to photograph, videotape, and/or interview our student-athletes. These athletic event photographs and write-ups may also appear on the internet, either through the media or on the RSU 40 web page. Do you give consent for your child to be interviewed, photographed and/or videotaped at school sponsored athletic events by representatives of newspapers, television stations, and other news organizations for publication and distribution by the media via print and/or their website? This may also include the RSU 40 website.

Please check the appropriate line. Yes _____ No _____

Athletic Code

By signing below, the student-athlete and parent/guardian have read, understand, and agree to abide by the Medomak Valley High School Athletic Code and additional rules as set forth by the coaching staff. Furthermore, the student-athlete and parent/guardian understand that failure to abide by these rules may result in suspension or removal from the team.

Student-Athlete: _____
Printed Name Signature Date

Parent/Guardian: _____
Printed Name Signature Date

Medical & Emergency Information

Date of Birth: _____ Address: _____ Phone: _____

Please list any allergies, medication or medical concerns: _____

Insurance Company: _____ Policy #: _____

Emergency Contact #1: Name/Relation: _____ Phone: _____

Emergency Contact #2: Name/Relation: _____ Phone: _____

Emergency Contact #3: Name/Relation: _____ Phone: _____

I give consent for my child to participate in the athletic program(s) listed above. In case of emergency, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician below and to follow their instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary

Signature of Parent/Guardian: _____ Date: _____

Physician's Name: _____ Physician's Phone: _____