

Maine School Administrative District No. 40
Students Sports Participation and Approval Form

Year of Graduation

Medomak Valley High School

Medomak Middle School

Sport: _____

Student's Name: _____

Home Phone #: _____

Student's Address: _____

Doctor's Name: _____

Doctor's Phone #: _____

This Application to compete in interscholastic athletics for the above named school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Principals' Association, The Kennebec Valley Athletic Conference, the Bus Line League, MSAD#40 or the school.

Date: _____ Student Signature: _____

I hereby give my consent for the above name student to:

1. represent the school in athletic activities that have been approved by the MSAD#40 Directors and
2. to accompany any school team of which the student is a member on any of its out of town trips

I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become necessary for the student in the course of such activity or travel.

All interscholastic athletic participants are required to have an in-force, accident-coverage insurance program prior to the onset of their sports season and continuing throughout the season. The above named student is covered by such a policy through:

_____ or _____
Name of Insurance Company *School Insurance*

I understand that all students must successfully pass a physical examination prior to sports practice or participation. The family will arrange these physicals with a physician of their choice. Physicals must be renewed every two years. Only physicals performed within two years can be accepted. The above named student has no illness, injury or medical condition that would prevent participation.

It is understood that it is the responsibility of the parent to notify the school authorities whenever a serious illness or injury prevents participation by the student. Following such an occurrence, a return-to-play authorization from a physician must be presented before the student can participate in sports

Years Covered: September 20__ Through June 20__

Date: _____

Signature: _____
Parent/Guardian

Physician's Statement

I hereby certify that the above named student was examined by me on ___/___/___ and was found physically fit to engage in all sports.

Exceptions: _____

Date: ___/___/___

Physician Name: _____
Please Print

Signature: _____
Examining Physician