

SPAULDING HIGH SCHOOL
ATHLETIC PERMISSION - INSURANCE - EMERGENCY INFORMATION

2011-12

Student name: _____ Age: _____ Grade: _____
Home address: _____ Home phone: _____

I confirm that my son/ daughter is enrolled as a full-time student at Spaulding High School. (Home study students require documentation from the State of Vermont Department of Education **PRIOR** to beginning any activity; please contact the Athletic Director for more information.)

I give permission for my son/ daughter to participate in the following school-approved interscholastic athletic activities (except those prohibited by an examining physician), and permission to accompany his/ her team on out-of-town trips:

CIRCLE ALL THAT APPLY

Cheerleading	Cross Country	Field Hockey	Football	Soccer	
Basketball	Ice Hockey	Indoor Track	Wrestling		
Baseball	Golf	Lacrosse	Softball	Tennis	Track & Field

In case of an emergency, I understand every attempt will be made to contact me, or the person(s) listed below at the following numbers:

Daytime (before 5 pm)

1st option _____ Telephone # _____

2nd option _____ Telephone # _____

Evening (after 5 pm)

1st option _____ Telephone # _____

2nd option _____ Telephone # _____

Injuries can and probably will occur during practices, games, and interacting with fellow student athletes. All costs associated with medical care, emergency medical transportation, medication, rehabilitation or therapeutic treatment must be paid through the student athlete's health and accident insurance carrier. The Spaulding High School/Barre Technical Center will not accept responsibility for any payment, co-payment, deductible or related expenses. In case of medical emergency, I grant permission for Spaulding High School personnel to secure medical treatment for my child.

I confirm that my son/ daughter has **HEALTH** insurance through _____,

Group number: _____ Policy number: _____

Occasionally Spaulding High School/Barre Technical Center uses pictures or video images of students in promotional materials, newspaper articles, or newsletters. I grant permission for the school to display my son/ daughter's image in publications and/or broadcasts.

I have **read, understand, and agree to follow** all Spaulding High School Extra-Curricular Athletic guidelines - policies - procedures. In addition, I will support the school administration, athletic director, coach(es), team captain(s), and teammates in working to fulfill our potential.

Student athlete signature date

Parent Guardian signature date