

MIAMI JUNIOR/SENIOR HIGH SCHOOL ATHLETIC PARTICIPATION AGREEMENT

Student Name: _____ Date of Birth: _____

Sports (List All): _____

Social Security Number: _____ Male or Female: _____

Parent/Guardian Names: _____ Home Phone: _____

Address: _____ Work/Cell Phone: _____

Physician Name: _____ Physician Phone: _____

Athletic Eligibility Standards:

Academic: Miami R-I School Academic Policy will be followed. Every athlete will receive a copy of this in the JH/HS Student Handbook and school web page.

Behavior: Student-athletes are expected to be good citizens and display excellent sportsmanship, both on and off the field of play. Behavior that negatively reflects on the District, the athletic program, you, or your team/organization will result in sanctions/discipline. Every athlete will receive a copy of behavior and discipline expectations in the JH/HS Student Handbook, the Student Activities Handbook, and any additional rules your coach may provide. You are responsible for following all guidelines.

Attendance: Students are expected to be in attendance per guidelines in this handbook and the JH/HS Student Handbook. In addition, if a student-athlete accumulates enough practice/game absences as set forth by the coach/sponsor of a particular sport or activity, he/she may face dismissal from the team/organization.

All expectations set for academics, conduct, and attendance outlined in student handbooks are in accordance with Board policies.

Parent-Spectator Behavior:

1. A Parent-Student meeting is required before practice/participation will be allowed.
2. A 24-Hour Rule will be in effect. Violation of the 24-Hour Rule will result in spectator privilege suspensions, as described in this handbook.
3. Good sportsmanship is expected from all spectators. Spectators who become unruly will be ejected and/or suspended from spectator privileges per this handbook.

Parent/Student Permission:

In signing this agreement, you as a parent/guardian and student are giving permission for:

1. The student to voluntarily participate in interscholastic sports/activities at Miami R-I, even though you are aware of the potential of injury which is inherent in any sport/activity. Even with the best of coaching/sponsorship, use of the most advanced protective equipment, and strict observance of rules,

injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. In signing this agreement, you as a student or parent/guardian agree to abide by all the rules and guidelines of MSHSAA, as outlined in the Student Activities Handbook. If these guidelines are not followed, you must accept the consequences, which may include dismissal from the team/organization.

2. Consent is given for the student to accompany teams/organizations on trips, via approved transportation.

3. If a student-athlete's custodial parent/guardian cannot be reached in the event of an emergency, consent is given for the school to seek the medical care deemed necessary for the welfare of the student-athlete.

4. The student-athlete has basic insurance coverage as required by MSHSAA.

5. A physical form has been completed and is on file with the AD.

I acknowledge that I have read and understand the Parent-Spectator Behavior information, as well as Athletic Eligibility Standards in this handbook. I understand failure to follow the 24-Hour Rule and/or other expectations set forth in this handbook may negatively impact my ability to attend school-sponsored events. I further acknowledge that it is my responsibility to inform friends and relatives attending events with me of their responsibilities as spectators.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

STUDENT EMERGENCY INFORMATION

Student Name: _____ Date of Birth: _____

Address: _____

In case of emergency and parent/guardian cannot be contacted, notify:

Name: _____ Phone # Day: _____

Relationship to Student: _____ Phone # Night: _____

Name of Athlete's Physician: _____

Physician's Phone #: _____

Known Allergies: _____

Operations: _____

Fractures: _____

Any type of medical condition, explain: _____

The team physician, athletic trainers, coaches, or sponsors may apply treatment and care of my son/daughter until family physician can be contacted: YES _____ NO _____

I give my consent for the team physician, athletic trainers, coaches, or sponsors to use their own judgment in securing medical aid and ambulance service in case I cannot be reached at the time such services may become necessary.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date (Permission will remain in effect for one school year): _____