

SCHOOL YEAR 2015/2016

Name: _____

Grade: _____

MIDDLE SCHOOL/HIGH SCHOOL ATHLETIC PARENTAL PERMISSION FORM

I give permission for _____ to participate in one or more of the following school sanctioned activities listed: (Please check)

- Football Volleyball Basketball Track
- Wrestling (Co-Op) Cross Country (Co-Op) Softball (Co-Op)

- \$ 50.00 For One Student
- \$ 90.00 For All Students In One Family
- \$ 60.00 Per Adult to Attend All Paid Victor School Extra Curricular
- \$130.00 For All Family Members To Attend Any Paid Victor School Extra Curricular Activity Plus Allow Their Children To Play In Any Or All School Sponsored Sports. (A family is considered a mother, father, and/or guardian(s) and siblings under the age of 18 and still attending Victor School.)

Please list all persons covered on Family Membership: _____

All Activity Pass Fees are Non-Refundable

I understand that **PRIOR** to participation in any school sanctioned athletic activity my child will have (1) a physical by a physician, physician assistant, or a nurse practitioner (2) have all fees paid (3) consent forms signed for drug testing (High School only) (4) plan to attend the mandatory athletic meeting and (5) take concussion baseline test. **Physicals must be renewed each academic year.**

Please sign and return the four (4) forms for each student athletic

- 1. Permission Form/Medical Release Form 2. Physical Form 3. Consent Form
- 4. MHSA Concussion Forms

I have read and understand the athletic rules and policies for participation in extracurricular activities at Victor School.

On behalf of myself and my child, I agree to indemnify and hold harmless the said Victor School and instructors, employees from any and all claims, demands, cost expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child.

This signature indicates that I have read and agree with the following: Participation rules and safety guidelines for any and **all athletics** the athlete will be a participant.

Date

Parent/Guardian Signature

Date

Athlete Signature

VICTOR SCHOOL DISTRICT #7

VICTOR, MT

MEDICAL RELEASE FORM

In accordance with Board policy #2151, it is necessary to secure parent/guardian permission to use the following non-prescription medications if your son/daughter should require it.

- Coolant-Instant Cold Spray
- Abrasion Ointment
- Instant Cold Packs
- Tuffner Clear Spray
- Hydrogen Peroxide
- Tape
- Pre-Wrap
- Atomic Balm
- Powder Rosin

I hereby authorize Victor Coaching Staff to administer any rehabilitation treatment to my son/daughter. This includes taping, ice packs, whirlpool, etc.

In addition, we need to secure parent/guardian permission so that proper emergency assistance may be provided for students injured while competing.

I HEREBY AUTHORIZE VICTOR SCHOOL AND ITS FACULTY IN CHARGE OF MY CHILD, TO OBTAIN ALL NECESSARY MEDICAL CARE FOR MY CHILD, AND I HEREBY AUTHORIZE THE USE OF THE ABOVE NON-PRESCRIPTION MEDICAL SUPPLIES

INSURANCE NAME AND POLICY NUMBER: _____

Student's Name: _____

Parent's Signature: _____

Address: _____

Telephone #: _____

This athlete's allergies, medical problems, or medications are:

_____ None

_____ As listed below:
