



# INDIAN PRAIRIE SCHOOL DISTRICT

## Still Middle School Athletics Participation Agreement

The student's parents/guardians must complete and return form to the coach prior to practice/tryouts.

Grade: \_\_\_\_\_ Gender: F M

Sport(s): \_\_\_\_\_

Student Name: \_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Physical Exam on File? Yes No

Emergency Phone: \_\_\_\_\_ If not, Physical Exam Attached? Yes No

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Medical Concerns to Be Shared With Coaches: \_\_\_\_\_

**NOTE:** ALL STUDENTS TRYING OUT/PRACTICING FOR A SPORT MUST HAVE A CURRENT PHYSICAL EXAM ON FILE WITH THE SCHOOL NURSE. A CURRENT PHYSICAL EXAM IS ONE THAT HAS BEEN COMPLETED WITHIN TWELVE MONTHS OF THE LAST DAY OF THE SEASON. PHYSICALS ARE VALID FOR ONE CALENDAR YEAR.

Is your student covered under a school insurance policy? Yes No

If not, your signature constitutes a waiver and a confirmation of other insurance coverage:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Activity fees are \$50 per sport. (maximum charge for athletic participation is \$100.00 per year)**

### Parent/Guardians:

1. Your signature on this form will constitute written permission.
2. Athletes are responsible for equipment issued to them. All equipment/uniforms not returned at the end of the season will be billed to the family.
3. Either home or school medical insurance is required.
4. Athletes are asked to pay a \$50.00 activity fee per sport. Please attach a check for \$50.00 payable to District 204.

Parent/Guardian's permission -- I approve of my child's request to participate in the Middle School Athletic Program and also understand the statements above.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only		
Fees	CC	Physical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>