

Participation Checklist-

- Completed **Consent for Emergency Care Form** with insurance coverage information provided.
 - Completed **Physical form with doctor's signature**; to participate a physical is needed within one week after the student is placed on the team. Physicals must be dated after May 1.
 - **AIA Mild Traumatic Brain Injury/Concussion Statement and Acknowledgement Form.**
 - Completed **Parent/Student Agreement Form.**
 - Completed **Sports Tryout Permission Form.**
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- Athletic fee paid to school or scholarship received prior to participation (must have waiver form completed and signed by the principal).
Payment is \$25 and due 1 day before the first scheduled game.

CONSENT FOR EMERGENCY CARE FORM

2022-2023

Student Name: <i>(Please Print)</i>	Grade:	School:
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In case of illness or injury, I request the staff member contact me at the number listed below. If I cannot be reached, I authorize a school representative to obtain emergency treatment for my child at the closest medical facility unless instructed otherwise by paramedics or emergency medical personnel. I understand the school assumes no responsibility other than the exercise of prudent supervision. All medical expenses will be covered by my own medical carrier.

I have legal custody of my child and grant permission for any emergency treatment or hospital services be rendered to said minor under the general or specific direction of:

(Please Print) Dr. _____ Phone: _____

Medical Insurance Provider: _____ Policy Number: _____

Student Information

Parent/Legal Guardian Name: *(Please Print)*

Home or Cell Phone: _____ Work Phone/Ext: _____

Home Address:

Other emergency contact name: _____

Phone: _____ Relationship to student _____

List any Medication(s) the student takes on a daily/as-needed basis:

List any medical condition the student has:

Signature of Parent/Legal Guardian

Date

Parent/Guardian/Student Agreement

2022-2023

Student Name: <i>(Please Print)</i>	Grade:	School:
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- I allow my child (student named above) to participate in the Union Elementary School District Athletic program.
- I am aware my child is to return the issued uniform in the same condition as received at the end of their season. I will be held responsible for the cost of replacing the uniform.
- I have read the Athletic Handbook which includes Union Elementary School District Athletic Program’s policies and procedures and Athletic Code of Conduct. I, as a UESD *student-athlete*, **and** *parent/guardian* understand the expectations outlined in the Athletic Code of Conduct.

Student-Athlete Signature

Date

Parent/Guardian Signature

Date

Emergency Contact Information

Name:	Address:
Home Phone:	Cell Phone:
Doctor’s Name:	Doctor’s Address:
Emergency Phone:	Doctor’s Phone:

DOS RIOS ELEMENTARY SCHOOL
SPORTS TRY-OUTS PERMISSION FORM

Date: _____ Homeroom Teacher: _____

Parent(s)/Guardian(s) Name(s):

Your child would like to try out for: (circle)

Basketball Softball Baseball Soccer

Try-outs will run from (dates and times)

In order for your child to try out, we will need to have this permission slip and the Medical Release form (on back) completed and returned to the coach.

If your student *is chosen for the team*, we would like you to be aware of the following information:

- The student will need a current school physical;
- Before playing, parents and students must return the completed Athletic Handbook form;
- There is a \$25 sports participation fee that must be paid before the first game in order for your child to participate. A payment plan is available to pay the fee if needed. Please call to set up a payment plan.
- All students will be transported back to their home school after games.
- Parents agree and realize that participation in the tryouts, practices and games involve the potential for injury and have considered the health risks associated with them. By signing below, parents acknowledge that even with proper instruction, use of protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be severe and may result in total disability, paralysis, quadriplegia, or even death.
- I am aware that Union Elementary School District does not provide accident or health insurance coverage for my child and have independently determined whether I should obtain such insurance at my own cost. I have received information regarding a company that offers student accident and health insurance.
- By signing below, the participant and the parent/guardian acknowledge and accept personal financial responsibility for any bodily or personal injury sustained during the activity.

Sincerely,

Dos Rios Elementary School Coaching Staff

I give _____, my consent to try-out for _____.
(Student's Name)

I understand I will be responsible for my child getting home after try-outs for non-bus riders.