

# Participant's Contract/Emergency Card - Student Activities Policy for Interscholastic Athletic Activities

SDMS/SDHS Required Sports Participation Contract/Emergency Consent

\* Required

1. Student Name \*

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### School

- Searsport District Middle School
- Searsport District High School
- Home School

### Grade

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

### Sport (please select all that apply)

- Soccer
- Cross Country
- Basketball
- Baseball
- Softball
- Track & Field

**Please Read:**

Dear Student and Parent/Guardian:

This contract entered into by you the student and parent/guardian and the school district identifies the area of responsibility for student's participation in interscholastic athletic activities associated with Searsport District MS/HS. Please read this document carefully and sign where indicated. Failure by either the student or parent/guardian to sign as required or the student to abide by the requirements of this policy/contract will result in the immediate loss of the student's privilege to participate in the activity. The athletic handbook containing this information can be found online at the school website under "Athletics." The website is:

<http://sdmhs.rsu20.org/home>

Name of Parent/Guardian \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Emergency Contacts & Phone Number  
\_\_\_\_\_

Date of Physical (must be within two years see AD for date if on file) Proof of Physical is Required  
\_\_\_\_\_

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

## Permission for Participation

I, (parent/guardian) \_\_\_\_\_, the parent/guardian of (student name) \_\_\_\_\_ have read the contents of this contract and understand the dangers and risks involved in the indicated activity. Recognizing those dangers and risks, I give permission for my student to participate in all aspects of the activity including, but not limited to, trying out for, practicing and playing, participating in the indicated activities.

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

I, (student name) \_\_\_\_\_, have read the contents of the participant's contract and hereby agree to abide by and support the enforcement of the rules, regulations, and policies described herein. I am aware that playing in any interscholastic athletic activity can be dangerous and may involve serious risks of injury. I understand that the dangers and risks of playing or practicing in the activity indicated on page 1 of this contract include the risk of serious injury to my body, general health, and well-being. Because of the dangers of participating in the indicated sports. I recognize the importance of following the instructions of the supervisor(s) regarding playing and training techniques, team rules, ect. and agree to obey such instructions. I agree to report all incidents of injuries involving myself to the appropriate supervisor(s) within 24 hours of their occurrence.

I understand that this form is to be signed by both the student and parent/guardian and returned to the appropriate supervisor(s) before and participation in the indicated activity.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Concussion Information

I, (parent/guardian) \_\_\_\_\_, and (student name) \_\_\_\_\_ have read the concussion information sheet containing information about concussions. I agree to inform the coach, athletic director, or principal if I suspect there is a concussion injury based on signs or symptoms outlined in the information sheet.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Medical History

Please review the following list of questions. If the answer is YES, then please explain in the comment section.

- 1. Are you currently under a Dr's care for a specific illness or condition? Yes No
- 2. Have you had any major illnesses or conditions that required medical attention and were not addresses? Yes No
- 3. Have you ever been hospitalized? Yes No
- 4. Have you had any operations? Yes No
- 5. Do you have any allergies to medications? Yes No
- 6. Do you have any environmental allergies? Yes No
- 7. Are you currently taking medication on a regular basis? Yes No
- 8. Do you tire more quickly than your friends during exercise? Yes No
- 9. Have you experienced difficulty breathing or coughing during or after exercise? Yes No
- 10. Have you ever experienced dizziness, racing heart beat, skipped heart beat, chest pains or blackout spells during or after exercise? Yes No
- 11. Have you ever been told you have high blood pressure, heart murmur? Yes No
- 12. Have you ever had a member of your family die suddenly of heart problems before age 50? Yes No
- 13. Have you ever had a head injury or been rendered unconscious? Yes No
- 14. Have you ever experienced seizures, stinger, burner or pinched nerve? Yes No
- 15. Have you experienced any abnormal menstrual periods? Yes No
- 16. Have you experienced any skin conditions such as redness, itching, rash? Yes No
- 17. Have you experienced dizziness or blackouts in the heat? Yes No
- 18. Have you ever experienced heat or muscle cramping? Yes No
- 19. Have you experienced any problems with eyes or vision? Yes No
- 20. Do you wear contacts? Yes No
- 21. Have you sprained/strained/dislocated/fractured/experienced repeated swelling or had injuries of any bones or joints? Yes No
- 22. Do you use any special equipment such as pads, braces, splints, neck rolls, eye or mouth guards? Yes No
- 23. Have you ever experienced a growth spurt? Yes No
- 24. Have you ever been directed by medical professionals not to participate in athletic activities? Yes No

Please provide comments to any "yes" responses:\_\_\_\_\_

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

### Student Emergency Medical Care

#### Acknowledgement and Authorization

I give my consent for the school and its employees to act in my place in all respect and with all immunities should the need arise during the course of this activity or relevant travel. This shall include but is not limited to obtaining medical care

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

Activity\_\_\_\_\_

Phone Number\_\_\_\_\_

Grade\_\_\_\_\_

Date of Birth\_\_\_\_\_

Insurance Policy Carrier\_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Physician Name\_\_\_\_\_

Medical concerns / Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

### Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19, is extremely contagious, and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing (six feet or greater) and have, in many locations, prohibited the congregation of groups of people. Searsport District Middle/High School (SDMHS) has put in place preventative measures to reduce the spread of COVID-19; however, Searsport District Middle/High School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending and/or participation in SDMHS programming could increase your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending SDMHS programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SDMHS programming may result from the actions, omissions, or negligence of myself and others, including, but not limited to school employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance during SDMHS programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Searsport District Middle/High School, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Searsport District Middle/High School, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Searsport District Middle/High School programs.

Parent/ Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Student Signature\_\_\_\_\_ Date\_\_\_\_\_

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