

**FORM A**

**Date:** \_\_\_\_\_

1. We hereby acknowledge that we have read the rules and regulations contained in the *Athletic Handbook* and agree that they will be adhered to while participating in athletics at Great Oak Middle School. We understand that violation of rules as specified in the *Athletic Handbook* will result in suspension from the team for the period specified.

2. We give our permission for \_\_\_\_\_  
To participate in organized Great Oak School athletics, realizing that such activity involves the potential for injury which is inherent in all sports. We acknowledge that even with the best coaching, 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.

We acknowledge that we have read and understood this warning. We also acknowledge that we have read and understand all of the rules outlined in the Athletic Handbook.

Please indicate all the sports that you might be interested in participating in:

- |                        |                   |
|------------------------|-------------------|
| ____ Dance             | ____ Soccer       |
| ____ Basketball        | ____ Cheerleading |
| ____ Softball/Baseball | ____ Track        |
| ____ Volleyball        |                   |

Signature \_\_\_\_\_ Grade \_\_\_\_\_

Student Athlete

Signature \_\_\_\_\_

Parent/Guardian

**NOTE:** This agreement is to be completed, signed and returned to the Athletic Director and will be kept on file for the school year.

**FORM B**

**GREAT OAK MIDDLE SCHOOL EMERGENCY DATA**

*Information must be on file* Birth date \_\_\_\_\_  
*For student to participate* Sport \_\_\_\_\_  
*In Great Oak athletics* Current Grade \_\_\_\_\_

Homeroom \_\_\_\_\_

**Student Name** \_\_\_\_\_  
Last First Middle

**Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please Complete The Following:**

Highly allergic to (bee stings, medication, etc.) \_\_\_\_\_  
Please Specify \_\_\_\_\_  
Taking Medication (please name) \_\_\_\_\_  
Diabetic \_\_\_\_\_ Epileptic \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Please list below persons readily available whom we may call if parents are unavailable**

1. \_\_\_\_\_ Telephone \_\_\_\_\_

2. \_\_\_\_\_ Telephone \_\_\_\_\_

3. \_\_\_\_\_ Telephone \_\_\_\_\_

**Please check one or more of the following:**

\_\_\_\_\_ If medical attention is required, you may give my child emergency first aid, including ibuprofen/acetaminophen/aspirin, and have him/her treated by a physician.

\_\_\_\_\_ No, You may not take my child to a physician if necessary.

\_\_\_\_\_  
Parent's Signature Date