



Athletic Participation Form

IMPORTANT: This form must be filed with the school office before a student can participate in athletics.

STUDENT'S NAME _____ GRADE _____

PARENT(S) NAME _____ EMERGENCY PHONE # _____

_____ EMERGENCY PHONE # _____

INSURANCE & DISCLAIMER

Injuries and illness can and do occur during athletic activities. The severity of any injury or illness is unknown until it occurs and is assessed by trained personnel. We understand that the possibility of sustaining an injury or illness ranging from minor to catastrophic exists while participating in any athletic program. My signature below shows that I acknowledge that hazards are present in athletic participation and that injury or illness may result. My signature also authorizes the school to obtain any emergency transportation or care that may become necessary in the course of athletic activities.

In case of an emergency involving my student at an athletic event, contact parents or call the emergency person listed below:

EMERGENCY PERSON _____ PHONE # _____

(Other than parent)

INSURANCE CO. _____ POLICY # _____

Students participating in athletics are required to be covered by medical insurance, either by a family plan or one that is available through Blanchet Catholic School. I have or will purchase medical insurance for my participating student and will continue to keep it current throughout the sports season. Any change in medical insurance between sports seasons must be reported.

I agree to sign this document electronically.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

- A. AGE ELIGIBILITY (students cannot be 19 years old before August 15 of senior year)
Will this student be 19 years old before August 15 of his/her senior year? YES NO
- B. RESIDENCE Does this student reside at home with his/her parents? YES NO
- C. TRANSFER STATUS Is the student a transfer into Blanchet this year? YES NO
- D. PHYSICAL EXAMINATION REQUIREMENT: State law requires students in grade 6-12 participating in school athletics to get a physical every two years. The OSAA examination form must be on file in the school office. If the student has had any serious accident, illness, or injury since the last physical examination, a physician's clearance is necessary.
- E. Has student had serious injuries or medical problems requiring medical attention within the last year?
YES NO
- F. Does student have any ongoing significant disease or chronic illness such as epilepsy, diabetes, asthma, chronic heart disease, or severe allergies?
YES NO
- G. If YES to either E or F, please explain:

*FEES must be paid before students begin practice.

First Activity:	\$125
Second Activity:	\$75 (additional \$50 fee for football)
Per Student Payment Cap:	Two activities
Family Payment Cap:	Four activities