

Barre Town Middle and Elementary School
Athletic Permission-Emergency Information-Proof of Insurance
2011-2012

Student name: _____ Age: _____ Grade: _____
Home address: _____ Home phone: _____

I confirm that my son/daughter is enrolled as a full-time student at Barre Town Middle and Elementary School. (Home study students require documentation from the State of Vermont Department of Education **PRIOR** to beginning any activity; please contact the Athletic Director for more information.)

I give permission for my son/daughter to participate in the following school-approved interscholastic athletic activities (except those prohibited by an examining physician).

CIRCLE ALL THAT APPLY

Soccer Field Hockey Cross Country

Basketball Baseball

In case of an emergency, I understand every attempt will be made to contact me, or the person(s) listed below at the following numbers:

Daytime (before 5 pm)

1st option _____ Telephone # _____

2nd option _____ Telephone # _____

Evening (after 5 pm)

1st option _____ Telephone # _____

2nd option _____ Telephone # _____

Injuries can and probably will occur during practices, games, and interacting with fellow student athletes. All costs associated with medical care, emergency medical transportation, medication, rehabilitation or therapeutic treatment must be paid through the student athlete's health and accident insurance carrier. Barre Town Middle and Elementary School will not accept responsibility for any payment, co-payment, deductible or related expenses. In case of medical emergency, I grant permission for Barre Town Middle and Elementary School personnel to secure medical treatment for my child.

I confirm that my son/daughter has **HEALTH** insurance through _____

Group number: _____ Policy number: _____

I have read and understand that:

1. Occasionally Barre Town Middle and Elementary School uses pictures or video images of students in promotional materials, newspaper articles, or newsletters. I grant permission for the school to display my son/daughter's image in publications and/or broadcasts.
2. I have read and agree to follow all Barre Town Middle and Elementary School Extra-Curricular Athletic guidelines - policies - procedures. In addition, I will support the school administration, athletic director, coach(es), team captain(s), and teammates in working to fulfill our potential.
3. I have received information regarding the signs and symptoms, treatment, and prevention of concussions as part of Vermont Law Act 58.

Student athlete signature/date

Parent Guardian signature/date