2011/2012

JBS

JOHN BURROUGHS SCHOOL

Date: _____

Name: _____
Last First Middle

Birthdate: _____ Age: _____ Sex: _____ Grade: _____

Parent or Legal Guardian: _____

Address: _____
Street

_____
City/State Zip

Phone: _____/_____/_____
Home Parent's Work Parent's Cell

Emergency Contact Information **(MUST LIST AT LEAST ONE EMERGENCY CONTACT)**

Family Doctor: _____

City/State: _____ Phone: _____

Emergency Contact 1

Name: _____ Relationship: _____

Phone: _____/_____/_____
Home Cell Work

Emergency Contact 2

Name: _____ Relationship: _____

Phone: _____/_____/_____
Home Cell Work

Family Health Insurance Information

Carrier _____ Policy # _____

Group # _____ Preferred Hospital _____

Student Agreement Regarding Conditions for Participation:

This application to represent my school in interscholastic athletics is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them. *I certify that I have read and understand the John Burroughs School Athletic Department's policies as outlined in the Student-Parent Handbook*. I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.
I have completed and/or verified that part of this certificate, which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance and I certify that it is correct.

STUDENT SIGNATURE_____DATE:_____

Parent Permission and Authorization for Treatment:
I/We hereby give our consent for the above student to represent his/her school in interscholastic athletics. If we cannot be reached and in the event of an emergency during school athletic activities, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student.
We further state that we have completed that part of this certificate, which requires us to list all previous injuries, or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct.
We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. *We certify that we have read and understand the John Burroughs School Athletic Department's policies as outlined in the Student-Parent Handbook*.
We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.
The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage. Our son/daughter is covered by basic health/accident insurance for the current school year, which is noted on the first page.
We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

Travel Authorization

PARENT/GUARDIAN:
PLEASE INDICATE WITH A CHECK MARK IF YOU DO NOT GIVE YOUR CHILD DRIVING PRIVILEGES TO AWAY ATHLETIC EVENTS.

_____ I DO NOT give permission for my child to drive himself/herself to Burroughs athletic events for the entire school year.

_____ I DO NOT give permission for my child to drive other team members to Burroughs athletic events as passengers for the entire school year.

_____ I DO NOT give permission for my child to be a passenger in a car driven by a team member to Burroughs athletic events for the entire school year.

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____