

ESSEXVILLE-HAMPTON PUBLIC SCHOOLS ATHLETIC DEPARTMENT

We understand that there is an inherent risk involved in participation in interscholastic sport activities. Such risk could result in catastrophic injury or death. It is understood that even the best equipment and intentions of coaches can't always prevent such injuries to an athlete.

In the event of an injury sustained by my son/daughter during athletic participation, permission is hereby given authorizing emergency medical treatment by the athletic trainer and/or by the attending physician. In the event that a trainer or physician is not available, I understand that the coach will need to seek emergency medical treatment. It is possible that some medical treatments will not be covered by my personal insurance. In such cases, the parents will assume responsibility for payment of said bills and not the Essexville-Hampton Public Schools.

I give my permission for my son/daughter to be transported by school or private bus. I understand that athletes are expected to travel to and from the athletic events with their team. Only in unusual situations will the athletic department grant permission for athletes to be dismissed to their parents after contests. A request by parents to allow their son/daughter to travel with them must be submitted in writing to the athletic director 24 (twenty-four) hours in advance of the contest.

I give my consent for the release of confidential academic information - grade point average, class rank, ACT/SAT scores, and transcripts - in the event that my son/daughter is being considered for athletic awards or possible scholarship consideration by non-school organizations.

GRIEVANCE PROCEDURES

Any person believing that the Essexville-Hampton Public Schools or any part of the school organization has inadequately applied the principles and/or regulations of (1) Title VI of the Civil Rights Act of 1964, (2) Title IX of the Education Amendment Act of 1972, (3) Section 504 of the Rehabilitation Act of 1973, (4) the Age Discrimination Act of 1975, and (5) Title II of the Americans with Disability Act of 1990 may bring forward a complaint, which shall be referred to as a grievance, to the Civil Rights Coordinator at the following address:

Mark Jaffe Administration Building
303 Pine Street
Essexville, MI 48732
Telephone: (989) 894-9700

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT: _____ Phone: _____

ESSEXVILLE-HAMPTON PUBLIC SCHOOLS INSURANCE WAIVER

The Essexville-Hampton Public Schools does not pay for or have insurance to cover expenses resulting from injuries when participating in interscholastic athletics. Therefore, it is imperative that parents obtain insurance privately.

Athlete's Name: _____

Family Insurance Company: _____

Health Insurance Co.: _____ Policy/Group #: _____ Phone: _____

The insurance company named above covers my child. I accept full responsibility for insuring my child while he/she participates in any Essexville-Hampton athletic program.

NOTICE: This waiver **must** be in the office of the Athletic Director **before** your child will be allowed to practice.

PARENT OR GUARDIAN CONSENT

I hereby give my consent for my child to participate in interscholastic athletics in the Essexville-Hampton Public Schools in Michigan High School Athletic Association approved sports. As a team member my child is to accompany the team on its out-of-town trips and return with the team unless prior arrangements are made with the Athletic Director.

Parent's Signature: _____ Date: _____