

In order to participate in Athletic Activities at Thomas MacLaren School, students must receive a **PASS TO PRACTICE**, which will be given to the student once the following items have been returned to the Main Office and approved by the Athletic Director.

Students interested in athletics must submit the following items:

1. Payment:

A. **High School Sport Registration Fee: \$150**

(Reduced lunch students \$75; Free lunch students \$37.50)

B. **Middle School Sport Registration Fee: \$100**

(Reduced lunch students \$50; Free lunch students \$25)

Payment is required for each sport that a student participates in.

2. Physical/Activities Release Form (must be completed by Physician—may use form provided by Physician or form in this packet)

3. Signature Pages

You must read the attached guidelines, sign and return the signature pages for the student to be eligible to participate in our athletic programs. Your signature is your agreement to follow the policies and procedures in this packet.

This paperwork needs to be completed for each sport the student participates in. A physical need only be completed once per year.

Athletic Director: Joe Muehlbauer, jmuehlbauer@maclarenschool.org

Assistant Athletic Director: Mackenzie Helms, mhelms@maclarenschool.org

Student Name: _____ Grade: _____ Sport: _____

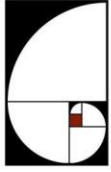
For Office Use Only: PAYMENT: \$ _____ Payment Method: CASH

Registration received on _____ by _____ CHECK or CREDIT CARD via My School Bucks

Athletic Director received the following:

Completed Signature Pages _____ Physical _____

All mandatory paperwork & payment has been received and student may receive a **Pass to Practice:** _____



**THOMAS
MACLAREN
SCHOOL**

**STUDENT ATHLETIC ACTIVITIES
PHYSICAL/ACTIVITIES RELEASE FORM**

STUDENT NAME: _____

GRADE: _____ **SPORT:** _____

Check the box that applies to your child's physical:

Physical already on file for this year OR New physical below or attached.

CHSAA STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION:

(May use this form or one provided by your child's Health Care Provider)

I hereby certify that I have examined _____

on ____/____/____ and that the student was found physically fit to engage in:

- **High School / Middle School** (circle one)
- **Basketball, Cross Country, Soccer, Track & Field, Volleyball.** (Cross out any sport in which student should not participate.)

Physician Signature: _____

Date: _____

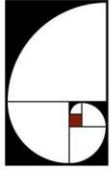
(Valid for 365 days unless rescinded*)

Physician Printed Name: _____

Physician Address: _____

***If student is pulled from play/practice due to injury, student must provide a doctor's note authorizing return to play.**

HEALTH CARE PROVIDER'S COMMENTS:



**APPENDIX B
STUDENT ATHLETIC ACTIVITIES
INFORMATION & SIGNATURE PAGES**

STUDENT NAME: _____

GRADE: _____ **SPORT:** _____

Student Initials	<u>CONCUSSION WAIVER</u>	Guardian Initials
	A concussion is a brain injury, which must be reported to parents, coaches, and medical professional.	
	A concussion can affect the ability to perform everyday tasks such as the ability to think, balance, and perform in the classroom.	
	A concussion cannot be “seen.” Some symptoms might be present right away, while other symptoms appear hours or days after the injury.	
	I will tell my parents, coach, and/or a medical professional about my injuries and illnesses.	
	If I think a teammate has a concussion, I agree to tell my parents, coaches, and/or medical professional.	
	I will not return to play in a game or practice if a hit to my head or body causes any concussion related symptoms.	
	I agree that I will provide written permission from a medical professional for my child to return to play or practice after a concussion.	
	I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play occurs before concussion symptoms go away.	
	Sometimes repeated concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Parent/Athlete Concussion fact sheet.	

ATHLETIC INSURANCE STATEMENT (Parent initials required)

_____ My child is covered under a family medical plan.

_____ My child does **NOT** have insurance. I will assume responsibility for payment of expenses incurred in the event of injury to my child. Thomas MacLaren School will not be held responsible for any medical bills or debts resulting from any injury to the above-named child while participating in an athletic activity practice, scrimmage, contest, or event.

STUDENT NAME: _____

GRADE: _____ SPORT: _____

TRANSPORTATION AGREEMENT

Parents/Guardians must be on time to sign out the student athlete for a game or practice. If, after receiving a warning, the student is still picked up late, the student may be removed from the team.

I, the undersigned Guardian of the student athlete/student club participant, understand that Thomas MacLaren School does NOT provide transportation for athletic or club practices, competitions, et cetera and that it is the guardians' responsibility to set up and provide transportation and carpooling for their children.

In the event that my child is transported by a School employee (Faculty, Staff, or Coach) for any reason, then I, on behalf of myself and my child, hereby release and waive any claim of liability against Thomas MacLaren School and its officers, directors, leaders, teachers, employees, agents, and volunteers (together, "Released Parties") with respect to any damage, loss, illness, injury, or death related to or arising out of my child's participation in Athletic / Extracurricular activities.

I also agree to indemnify and hold harmless the Released Parties with respect to any claim asserted by or on behalf of me or my child as a result of damage, loss, illness, injury, or death related to or arising out of my child's participation in activities.

I UNDERSTAND THAT THIS WAIVER AND RELEASE APPLIES TO ALL CLAIMS, INCLUDING CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE RELEASED PARTIES, but does not apply to claims of criminal conduct, intentional or reckless tortious acts, or gross negligence.

GUARDIAN CONSENT

WARNING: Although participation in supervised athletic activities may be one of the least hazardous ways in which any student will be engaged, by its nature, participation may include:

RISK OF INJURY, which may range in severity from minor to long term catastrophic. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. ***Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily.***

I hereby give my consent for my child listed above to compete in athletic activities for Thomas MacLaren School. I have read the rules stated on the attached pages and agree with the expectations placed upon my child.

Guardian Signature: _____ Date: _____

STUDENT CODE OF CONDUCT

I have read the [Student Activities Handbook](#) and agree to abide by it.

Student Signature: _____ Date: _____