

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 Front Desk and approved by the Athletic & Extracurricular Activities Director.

Students interested in athletics must submit items 1-7

1. Payment:

A. **High School Sport Registration Fee: \$125**

(Reduced lunch students \$62.50, Free lunch students \$31.25)

B. **Middle School Sport Registration Fee: \$75**

(Reduced lunch students \$37.50; Free lunch students \$18.75)

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)
3. Concussion Waiver (Student and Guardian Initials Required)
4. Athletic Insurance Waiver (Guardian Initials Required)
5. Transportation Agreement
6. Guardian Consent (Guardian Signature Required)
7. Student Code of Conduct (Student Signature Required)

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 to obtain a PASS TO PRACTICE, however a physical need only be completed once per year.

Athletic & Extracurricular Activities Director: Andrew Swanson, aswanson@maclarenschool.org

For School Use Only

Cash:\$ _____

Check #: _____ Amount: \$ _____

Credit Card*:\$ _____

*3% processing fee will be added to credit card payments

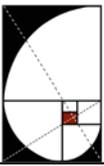
Front Desk received payment on this date: _____ Received by: _____

Athletic Director received the following:

_____ Signatures/Initials where indicated,

_____ Physical

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



PRINT STUDENT NAME: _____ **GRADE:** _____
SPORT _____

1. CHSAA STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION: (May use form provided by 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 **basketball, cross country, soccer.** (Please cross out any sport in which student should not participate.)

Physician Signature: _____ Date: _____ (Valid for 365 days unless rescinded*)

Physician Printed Name: _____ Physical already on file for this year

Physician Address: _____

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

Student Initials	CONCUSSION WAIVER:	Guardian Initials
	A concussion is a brain injury which should be reported to my 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.	N/A
	If I think a teammate has a concussion, I agree to tell my parents, coaches, and/or medical professional.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion related symptoms.	N/A
	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.	
	Sometime repeated concussions can cause serious and long lasting problems.	
	I have read the concussion symptoms on the Parent/Athlete Concussion fact sheet.	

2. 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 any athletic activity practice, scrimmage, contest, or event.

3. TRANSPORTATION AGREEMENT

I understand that Thomas MacLaren School does **NOT** provide transportation for athletic events, practices, games, scrimmages, etc.

4. 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 _____

5. STUDENT CODE OF CONDUCT I have read the Student Activities Handbook and agree to abide by it.

Student Signature: _____ Date: _____