

LEWIS-PALMER MIDDLE SCHOOL ATHLETIC CONTRACT & INSURANCE WAIVER 2018-2019

Grade: _____

SPORT: _____

Dear Parents:

Your child has indicated a desire to participate in a Lewis-Palmer Middle School athletic program. Please note the following information pertinent to all participants.

PHYSICAL EXAMINATION

A physical examination is required of all students who wish to practice or play/participate in any athletic program.

ATHLETIC FEES

There will be a \$100 initial charge for participation in **football** (only) and **\$70 initial fee for participation in all other sports**. There may be additional fees charged for the required purchase of a personal team uniform (cross-country and track) or uniform socks (softball only). These personal items may be kept and worn by students after their competitive season ends.

Scholarships may be available for students who qualify for the free/reduced lunch program. Please contact the Athletic Director at 488-4776.

LPMS has a NO-CUT sports policy. All students wishing to play are placed either on an intramural (IM) or inter-scholastic (IS) team. All paperwork and fees must be turned in prior to the first day of practice. Fall Sports (Football, Cross-Country and Softball ONLY) paperwork may be turned in on registration days. Athletic fees are not returned unless there is medical injury documented with a doctor's note.

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS (Both student and parent/guardian must read and sign)

I am aware participation in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risk of participation in any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health, and well being.

Because of the dangers of participating in any sport, I recognize the importance of following coaches' instructions regarding playing techniques, proper use of equipment, training and other team rules, etc., and agree to obey such instructions.

In consideration of the Lewis-Palmer School District #38 permitting me to try out for Lewis-Palmer Middle School Athletics and engage in all activities related to the team, including, but not limited to, trying out, practicing, or playing/participating in that sport, I hereby assume all risks associated with participation and agree to hold the Lewis-Palmer School District #38, its employees, agent representative, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Lewis-Palmer Middle School Athletic Program. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family

Date _____ 20____ Signature _____
(Student)

Date _____ 20____ Signature _____
(Parent/Guardian)

ATHLETIC CONTRACT

As a representative of Lewis-Palmer Middle School, it is expected that you will always act in a sportsmanlike manner and conduct yourself in accordance with all school and sponsor rules and regulations. The following applies to all members of the team.

1. Any team member involved in the following situations will be removed immediately from the team for the remainder of the regular season and any after season contests that may have been scheduled.
 - A. Possession, consumption, sale or use of alcoholic beverages tobacco products, non-prescription drugs or controlled substances, or anything represented to be a controlled substance.
 - B. Repeated suspensions from LPMS.

2. Any team member involved in the following situations may be removed immediately from the team for a period of time to be determined by the coach and administration (up to and including the remainder of the season and after-season contests).
 - A. Suspension form LPMS for school rule infractions.
 - B. Repeated detentions for school rule infractions.

ADDITIONAL INFORMATION

Information pertinent to respective sports expectations of an athlete will be issued at the coaches' discretion.

NOTE:

1. Coaches will remain at school fifteen minutes following daily practices and 30 minutes after bus arrivals from away competitions.

2. Telephones are available for athletes' use following away competitions.

- 3. Parents must arrange transportation for athletes after practices and competitions. Unsupervised student athletes will not be allowed in the school building.
- 4. Athletes are expected to be at practice on days they attend school. If an athlete cannot attend practice, coaches must be informed by note or telephone call, preferably in advance. Athletes must be in school at least four periods to participate on the day of an interscholastic contest.
- 5. Participation may be limited in games or meets when practices are missed.

PARENTAL/ATHLETE AGREEMENT

I hereby give permission for my son/daughter _____ to participate in the
Athlete's Full Name
athletic program at LPMS. Furthermore, I fully understand that the team may consist of a limited number of players and that making the team does not guarantee that every boy or girl will play in every game.

(Parent's Signature)

(Athlete's Signature)

(Date)

INSURANCE WAIVER

I understand that Lewis-Palmer School District #38 **DOES NOT** provide accident insurance for students participating in school sports or any other school activity. However, low cost insurance is available to you. Please inquire at the office if interested. Check one:

_____ I have accident insurance coverage. Company _____

_____ I have purchased student insurance made available through Lewis-Palmer Middle School.

_____ I do not have insurance and will assume responsibility for payment of expenses incurred in the event of an injury.

Date _____ 20____ Signature _____
(Parent/Guardian)

PERMISSION FOR MEDICAL TREATMENT
(PART I OR II MUST BE COMPLETED)

PART I – CONSENT

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by the Lewis-Palmer Middle School coaching staff or administration to attend my son/daughter _____ . I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Date _____ 20____ Signature _____

Home Phone _____ Address _____

Work Phone _____

PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my son/daughter_____.
In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date _____ 20____ Signature _____

Home Phone _____ Address _____

Work Phone _____