



China Middle School Activity Participation and Parental Approval Form



Parent/Guardian's Waiver:

This is to certify that _____ has my permission to participate in _____ . I assume responsibility that proper insurance coverage is provided, either from school or home, should any accident occur to my child either in training or in the competition itself. I certify that my child has had no serious illness or injury since his/her last yearly sports physical update. If any illness or injury has occurred, please provide a "Return to Play" note from your physician.

Parent/Guardian Signature: _____ Date: _____

Student's Waiver:

I understand my responsibilities if I try out for the above sport.

1. Have my permission slip signed and returned before allowed to try out.
2. Train consistently as advised by the coach.
3. Keep my grades up and allow plenty of homework time.
4. Conduct myself, at all times, respectfully.
5. Attend all regular scheduled practices and games. Be responsible to contact the coach if I am unable to practice or participate in a game.
6. Not receive an athletic certificate if I quit the team prior to the end of the season.

Student's Signature: _____ Date: _____

Emergency Information

Student's Name: _____

Home Address: _____

Home Phone: _____

Parent/Guardian's Name: _____

Parent/Guardian's Workplace: _____

Work Address: _____

Work Phone: _____

Student's medical problems that coach/advisor should be alerted to: _____

Hospital Preference: _____

If the above persons cannot be reached, list a relative or neighbor who could be called in the event of an emergency:

Name: _____

Address: _____

Phone: _____

In the event that it is not possible to contact any of the above persons, I give my permission for the coach to act on my behalf in order to initiate the necessary emergency procedures.

Parent/Guardian Signature: _____ Date: _____

ANNUAL SPORTS PHYSICAL UPDATE

Name: _____ Age: _____

Grade: _____ Height: _____ Weight: _____

Allergies: _____

Vision: Are glasses or contacts to be worn during practice or games? _____

Major Health Problems (ie diabetes, asthma) _____

Are you now under the care of a physician, other than routine exams? If yes, give a brief explanation.

Are you taking any medications? Yes _____ No _____ If yes, list medicine and reason.

Are there any limitations to your participation in sports? _____

Have you experienced chest pain, dizziness, or fainting with exercise since the last sports exam?

Chest Pain: _____ Exact Location: _____ Duration: _____

Dizziness: _____ Exact Location: _____ Duration: _____

Fainting: _____ Exact Location: _____ Duration: _____

Females Only: Have you missed more than one menstrual period in the last six months?

Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____



CHINA MIDDLE SCHOOL ATHLETICS

Travel Permission For for Students to Travel From an Away Contest or Practice with Someone Other Than Parents

Instructions: Please fill out this form and hand it into the coach at the beginning of each season.

_____ is participating in _____
STUDENTS NAME *SPORT*

Date(s) of Event: ___ one date only _____ (date)
___ entire season
___ multiple dates (please list all dates) _____

By signing this form, permission is given for the above student to travel from sporting events and practices with a person other than the student's parents, legal guardians, or school transportation.

Please list all people who have permission to transport your child all year or on the dates listed above.

Name	Date(s) (if applicable)	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____