

Middle School Soccer Participation Agreement

Select Middle School:

<input type="radio"/> Crone	<input type="radio"/> Fischer	<input type="radio"/> Granger	<input type="radio"/> Gregory
<input type="radio"/> Hill	<input type="radio"/> Scullen	<input type="radio"/> Still	

The student's parent/guardian must complete and return form to the coach prior to practice/tryouts.

Grade: _____ Gender: F O M

Sport(s): Soccer _____

Student Name: _____
Last First Middle

Address: _____

City/State/Zip: _____ Parent email: _____

Home Phone: _____ Date of Birth: _____

Work Phone: _____ Physical Exam turned into coach? Yes No

Emergency Phone: _____ If not, Physical Exam Attached? Yes No

Family Doctor: _____ Doctor's Phone: _____

Medical Concerns to be Shared with Coaches: _____

NOTE: ALL STUDENTS TRYING OUT/PRACTICING FOR A SPORT MUST HAVE A CURRENT PHYSICAL EXAM ON FILE WITH THE WHEATLAND ATHLETIC ASSOCIATION. A CURRENT PHYSICAL EXAM IS ONE THAT HAS BEEN COMPLETED WITHIN TWELVE MONTHS OF THE LAST DAY OF THE SEASON. PHYSICALS ARE VALID FOR ONE CALENDAR YEAR.

Is your student covered under a school insurance policy? Yes No
If not, your signature constitutes a waiver and a confirmation of other insurance coverage:

Insurance Company: _____ Policy Number: _____

Activity fees are \$125.00 per sport (maximum charge is \$250.00, regardless of the number of sports or activities in which the student is involved).

Parent/Guardian:

1. Your signature on this form will constitute written permission.
2. Athletes are responsible for equipment issued to them. All equipment/uniforms not returned at the end of the season will be billed to the family.
3. Either home or school medical insurance is required.
4. While participation in athletics provides student athletes with valuable and constructive experiences of both a social and physical nature, it must be remembered and understood normal participation in games and practices may also bring the possibility of serious injury. While every precaution is taken to safeguard athletes from injury, a certain amount of risk is inherent in athletic participation. I understand the inherent risk involved.
5. Athletes are asked to pay a \$125.00 fee per sport. **Please attach a check for \$125.00 payable to Wheatland Athletic Association.**

Parent/Guardian's Permission – I approve of my child's request to participate in the Middle School Athletic Program and also understand the statements above.

Parent/Guardian's Signature _____ Date _____