

PLEASE PRINT !!!

PARTICIPATION QUESTIONNAIRE & CONSENT FORM (11 Items to be Complete)

(1) Participant Name: _____ (2) Male/Female (3) _____
(Last Name) (First Name) (Middle Initial) (Mark One) (Grade in School)

(4) Last School Attended: ___ GHS; ___ GEMS; ___ SPPS; ___ Home School; Other: _____
(Check One) (Provide Name)

(5) Activity: _____ (Note: if Activity is other than Athletic, skip to Items #10 & 11)

The Philosophy and Objectives of our extra-curricular program is that it is an integral part of the educational program offered by the District's high schools. Because extra-curricular activities provide an educational opportunity in the total education of students and may provide motivational links to school success, activity students and coaches/advisors will strive to meet the following, but not limited to, objectives: practice good sportsmanship and citizenship through competition; develop a high degree of individual and team skills; practice good health and safety habits; practice physical, intellectual, and artistic development; represent the team, the school, and the community in a positive manner; instill and promote a strong feeling of responsibility and loyalty to others; develop self-discipline; and teach courtesy and respect. School authorities will strive to maintain a healthy atmosphere in all activities and model the above objectives to activity participants.
(Extra Curricular Athletic Code, Policy #540)

Participation of all athletic/activities is voluntary, and therefore, we are required to have your approval, statements, and various forms on file prior to the first practice session

Physical Examination – Physicals must be updated as a freshman, junior, or as a first time participant.

(6) Physical Form has been submitted: _____ (initial) (If not explain status, also know that candidate can not practice until submitted).

Since his/her last athletic physical examination, has this student displayed any medical issues the coach should be aware of?

(7) ___ Yes ___ No

Please explain all yes answers: _____

Health Insurance – Even though GHS and the school district make every effort to provide the best available equipment and trained supervision, the nature of some activities makes some injuries possible. The school district is NOT liable for bills incurred as a result of athletic/activity injury. Such bills are the responsibility of the parents/guardian. To protect parents/guardians from financial hardship and to insure that the participant receives proper medical treatment, it is required that each participant provides personal insurance coverage or purchases accident benefit insurance. The insurance plans recommended by the district will provide protection at a reasonable cost. This policy is secondary to any other insurance benefits you may have

(8) Insurance is in effect: _____ (initial) (If not explain status, also know that candidate can not practice until secured).

Extra-Curricular Athletic Code, Policy #540 – This code is to be retained by the participant and parents/guardians. This Code is accepted jointly with the Drug Testing Policy by signature on the Notarized Consent Form.

Drug Testing of Activity Students, Policy #540 – This policy is to be retained by the participant and parents/guardians. Please Note that this Policy requires a Notarized Consent Form. This form need not be signed every activity, but after the first form is completed, it will be in effect for the activity student's entire enrollment at GHS or CVHS.

(9) Drug Testing Consent form has been submitted: _____ (initial)
(If not explain status, also know that candidate can not practice until submitted).

By our signatures following, and filing these forms with the Athletics/Activities Department of GHS; I hereby consent to the above named student participating in the interscholastic activities program at Grangeville High School. This consent includes travel to and from athletic contests. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

(10) SIGNATURE OF PARENT _____

(11) SIGNATURE OF STUDENT _____