***CHERRYFIELD SCHOOL DEPARTMENT***

***NEPN/NSBA CODE: JJ-E***

**STUDENT ACTIVITIES-ATHLETIC ACKNOWLEGEMENT**

**PLAYER’S ACKNOWLEDGEMENT**

I, with the undersigned, have read and fully understand the Cherryfield School Departments Athletic Code (Policy JJ) and agree to abide by it.

Player’s Signature Date

**PARENT’S CONSENT AND ACKNOWLEDGEMENT**

I give my consent for to participate in interscholastic

 Student’s Name

athletics or intramurals. I authorize the school and its employees to act in my place in all respects. This permission shall include, but not be limited to obtaining emergency medical care. I acknowledge the fact that any athlete can be seriously injured while participating in intramurals, as well as interscholastic athletics. I furthermore release and indemnify the school and the district from any claim or damage arising from participation in this activity or from related travel.

I the undersigned, have read and agree to the Athletic Code and the information above and agree to abide by it.

We have medical insurance with:

Name of Insurance Company Policy Number

Parent/Guardian’s Signature Date

**PHYSICIAN’S STATEMENT**

This is to certify that has been examined and may

 Student’s Name

participate in the school athletic program.

**Comments/Restrictions:**

Physician’s Signature Date

DATE ADOPTED: August 11, 2015

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