

# DEPOSIT CENTRAL SCHOOL ATHLETIC CONTRACT

## **Athlete's Consent:**

I have read the attached Student Handbook including the sports section containing the Athletic Code as adopted by the Board of Education of the Deposit Central School District and hereby agree to follow the rules and regulations set forth therein and consent to, with right of appeal, any disciplinary action determined or stipulated for any violation of the Code. In addition, I also understand that I am personally responsible for any equipment issued to me and that any such equipment lost or damaged through my personal neglect will be replaced at the equipment replacement price.

\_\_\_\_\_  
(Dated)

\_\_\_\_\_  
(Student)

## **Parent Consent:**

As the parent/guardian of the above athlete, I have read the Athlete's Consent, hereby acknowledges reading the Athletic Handbook and agree to help my athlete live up to the rules and reputations outlined herein. At this time, I give my permission for \_\_\_\_\_  
to participate in \_\_\_\_\_.  
(Name of Sport) (Students name)

I understand that in the event of serious injury or sickness the quickest medical aid will be sought. I can be notified at \_\_\_\_\_ or at \_\_\_\_\_.

\_\_\_\_\_  
(Dated)

\_\_\_\_\_  
(Parent or Guardian of Students Signature)

# **DEPOSIT CENTRAL SCHOOLS EMERGENCY MEDICAL AUTHORIZATION**

**Your son/daughter will be participating in our athletic program at Deposit Central School. In order to provide immediate medical attention in case of injury, it is important that we have the following information. This information should be signed and returned to the coach of each particular sport.**

<hr/> <b>Student Name</b>	<hr/> <b>Address</b>	<hr/> <b>Phone</b>
<hr/> <b>Parent(s)/Guardian Name</b>	<hr/> <b>Who to contact in case of Emergency other than parent</b>	<hr/> <b>Phone</b>
<hr/> <b>Family Physician</b>	<hr/> <b>Phone</b>	

**TO WHOM IT MAY CONCERN:**

**If the team is on an away trip, you have our permission to provide emergency medical attention to our son or daughter in our absence. A Physician should be aware of the following condition:**

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<hr/> <b>Date</b>	<hr/> <b>Signature of Parent or Guardian</b>
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# **RISK OF INJURY STATEMENT**

**I am aware that competing or practicing in any athletic activity can be a dangerous activity involving risk of injury. I understand that the dangers and risks of competing and practicing in the activity include, but are not limited to, death, neck and spinal injury which may result in complete or partial paralysis, brain damage, injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of a muscular-skeletal system and injury or impairment of future abilities to earn a living, to engage in business, social and recreational activities and generally to enjoy life.**

**If I am a participant in baseball, hockey, softball, football, lacrosse, soccer, basketball or wrestling, I specifically acknowledge that it is contact sport involving even greater risk of injury than other sports.**

**Because of the possible dangers of participating in the activities, I recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules and agree to obey such instructions.**

**In consideration of the school districts' permitting me to try out for and to engage in all activities related to the team including, but not limited to, trying out, practicing or participating in that activity, I hereby assume all risks associated with participation.**

\_\_\_\_\_, 20\_\_\_\_\_  
(Dated)

\_\_\_\_\_  
(Student)

**The undersigned, parent or guardian of the individual who has signed the Risk of Injury statement, hereby acknowledges receipt of the Risk of Injury Statement and acknowledges awareness of the various risks set forth in the statement and, considering such risk, gives permission, I understand that the withdrawal must be in writing and given to the principal as well as to the coach of the particular athletic activity.**

\_\_\_\_\_, 20\_\_\_\_\_  
(Dated)

\_\_\_\_\_  
(Parent or Guardian of Student)