

WELLS-OGUNQUIT COMMUNITY SCHOOL DISTRICT
Wells Junior High Athletic Participation and Parental Approval

Student Name: _____ Home Phone: _____
Student Cell: _____

Parent/Guardians Name: _____
Work Phone Number: _____ Cell #: _____

E-mail Address: _____

Name and phone # of person to contact if Parent/Guardian is unreachable:
Name: _____ Phone #: _____

Permission Section:

This application to compete in interscholastic athletics for the Wells-Ogunquit Community School District is entirely voluntary on my part.

"I hereby give my consent for the above-named student to: 1) represent his school in athletic activities; 2) accompany any school team of which he/she is a member on any local or out-of-town trips."

"I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel."

Parent/Guardian Signature: _____ Date: _____

Insurance Section:

1. I hereby agree that I will carry for my above-mentioned child adequate accident insurance coverage and will also indemnify and hold harmless the Wells-Ogunquit Community School District from all expense or damage resulting from participation in any approved and sponsored athletic activity. Yes____ No____

Company: _____ Ins. Policy #: _____

2. I will have my son/daughter obtain school insurance at the Junior High School office which will cover my child in all sports. Yes____ No____

Wells Junior High Athletic Code Section:

"I hereby acknowledge that I have been given a copy of the Wells Junior High School Athletic Code and I acknowledge that I have carefully read the regulations that are contained in the code."

Parent/Guardian Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____

This form should be returned to your coach within 24 hours of receipt of the form. You will not be able to participate in practice or games unless this form is on file with the coach.

