

**SOUTH LYON COMMUNITY SCHOOLS
ATHLETIC PARTICPANT EMERGENCY CONTACT FORM**

First Initial Last Name: _____

Athlete Emergency Information

Athletes Full Name (First, Middle, Last): _____

Date of Birth: _____ / _____ / _____ Grade: _____

Home Address: _____

City: _____ Zip Code: _____

Health Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Phone #: _____

1. Parent / Guardian: _____

Home #: _____ Work #: _____ Cell #: _____

2. Parent / Guardian: _____

Home #: _____ Work #: _____ Cell #: _____

In case of emergency, if you are unable to reach a parent/guardian, please contact:

Name: _____ Relation: _____

Home #: _____ Work #: _____ Cell #: _____

Parent/ Guardian Consent to Treatment

I, _____, the
(NAME OF PARENT/GUARDIAN)
undersigned parent/guardian of _____,
(NAME OF STUDENT)

a minor, do hereby authorize the South Lyon Community Schools athletic department director, coaches, athletic trainer or other school representative on my behalf to consent to ANY medical treatment deemed necessary by any licensed physician/surgeon in the event of illness or injury to the above-named minor.

This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

If, in the judgment of any representative of the school, the above named student needs immediate care and/or treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative, and I do hereby agree to indemnify and hold harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I hereby authorize any hospital that has provided treatment to the above named student to surrender custody of that student to the coach, athletic trainer, or other school representative upon completion of treatment.

These authorizations shall remain effective until the end of the 20____/20____ school year

Parent / Guardian Signature

Date

Signature of Student

Date

South Lyon Community Schools Athletic Department Participation Fee & Expectation Form

Parent/Athlete Expectations

The administration and staff of our school, KLAA and MHSAA schools wish to make it clear that school sponsored sports are an educational activity. Athletes, parents, and friends must be aware of our school's expectations with regard to sportsmanship.

Unlike professional sports, attendance at an educational activity does not entitle one to verbally abuse the contestants, coaches, officials or opponents. **As a spectator we expect that you will maintain good sportsmanship or refrain from attending athletic events.**

- * It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches, and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- * It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of an educational activity. We are sending the wrong message when we challenge or abuse the game official sent to our school to administer these educational activities.
- * At all times it is expected that we will respect one another, adults and students alike. This especially includes opponents and officials, without whose involvement, sports contests would not occur.

Participation Fee

The interscholastic athletic programs offered by the South Lyon Community Schools are entirely voluntary programs based on activities outside a student's academic school day. Credit is not granted for such activities and is not required for progression from grade to grade. The Athletic Department programs are part of the school's extra-curricular activities and afford students the privilege of participation in competitive interscholastic sports. As such, participation in athletics for the South Lyon Community Schools is a **privilege, not a right!**

High School Fee: \$90 per athlete, per sport.

Middle School Fee: \$45 per athlete, per sport.

1. **Check or Money Order only, payable to: South Lyon Athletics.**
****Please include athletes name in the memo box****
A FEE OF \$45 WILL BE ADDED FOR ALL RETURNED CHECKS

2. **Fee must be paid BEFORE the first contest.**
After the first week, the athlete CANNOT play or participate until the fee is paid.

Refund Policy: Partial refund consideration will be given to individuals who are physically unable to complete the remainder of the season. **Voluntary withdraw, lack of playing time, or disciplinary suspension will not be the basis for the refunding of fees.**

I have read and understand the “**Expectations**” and “**Participation Fee**” policy set forth by the South Lyon Community School District.

Signature of Parent/Guardian		Signature of Student Athlete	
Athletes Last Name	Athletes First Name	() -	
		Home Phone Number	
MS FR JV VAR		Fall Winter Spring	
Circle One		Circle One	
Sport		20 Year	

*Please turn this form and payment into the COACH. Please **DO NOT** staple checks/money orders to this form.

*If you wish to pay in cash, please do so at the athletic department office & obtain a receipt.



**MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
MEDICAL HISTORY**

- To be completed by parent or guardian or 18-year-old.
- Must be signed in three places by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

STUDENT'S NAME: LAST	FIRST	SEX	GRADE	DATE OF BIRTH	AGE
STUDENT'S ADDRESS: STREET		CITY		ZIP	
FATHER'S / GUARDIAN'S NAME		WORK PHONE		MOTHER'S / GUARDIAN'S NAME	
FAMILY DOCTOR		OFFICE PHONE		HOME PHONE	

INSURANCE STATEMENT & MEDICAL HISTORY

Our son/daughter will comply with the specific insurance regulations of the school district.

- Family Insurance Co. _____
- Contract # _____
- Signature of Parent or Guardian or 18-Year-Old: _____

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had:			Have you ever had:			Do you now have:		
Fainting			Kidney Disease			Painful Joints		
Diphtheria			Tuberculosis			Backaches		
Scarlet Fever			Jaundice			Pounding of Heart		
Rheumatism			Sickle-Cell Anemia			Shortness of Breath		
Rupture						Frequent Urination		
Rheumatic Fever						Cough		
			Do you now have:					
Polio/myelitis			Blurred Vision			Nosebleeds		
Pneumonia			Headaches			Frequent Sore Throats		
Asthma			Fainting			Stomach Pains		
Diabetes			Convulsions					
Heart Disease			Blackouts					

PHYSICAL EXAMINATION

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & Returned directly to the patient. (Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABN.	SYSTEM	NORMAL	ABN.
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitalia / Testicular Exam		
Teeth - Cavities			Neurologic		
Orthopedic			Muscular		

RECOMMENDATIONS: _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out below.

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY - LACROSSE - SKING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING

A CURRENT YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

SIGNATURE OF EXAMINER: X	CIRCLE ONE: MD DO PA NP
PRINTED NAME OF EXAMINER:	DATE:

MEDICAL TREATMENT CONSENT
To be completed by Parent or Guardian or 18-year-old

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD	DATE:
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STUDENT AND PARENT OR GUARDIAN CONSENT FORM

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

PLEASE PRINT:

STUDENT'S COMPLETE LEGAL NAME:	LAST	FIRST	MIDDLE
STUDENT'S DATE OF BIRTH:	MONTH	DAY	YEAR
PLACE OF BIRTH:	CITY	STATE	
CIRCLE GRADE:	7	8	9
SCHOOL:			

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge.

I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed.

I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

X

SIGNATURE OF STUDENT _____ DATE _____

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

X

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD _____ DATE _____

This form must be on file in the school office before practicing with any athletic team.

(Please Print)

EMERGENCY INFORMATION - To be completed by Parent or Guardian or 18 yr. old

Student's Name: _____	Grade: _____
	Phone: _____
IN EMERGENCY CONTACT: 1) _____	Phone: _____
or 2) _____	Phone: _____
My Family Doctor Is: _____ Please detail any special medical information _____	

(allergies, known drug reactions, current prescribed medications)

South Lyon Community Schools
Election to Transport Student From School Sponsored Event

The South Lyon Athletic Department believes it is in the best interest of the individual participants as well as for the esprit de corps of the team for team members to travel to and from athletic contests in school provided transportation. However, in some exceptional cases, a parent/guardian may wish to request a waiver of this expectation. Waivers are for a case-by-case basis and must be presented **to the coach at least two (2) days in advance.**

Name of Student (please print)

Name of Parent/Guardian (please print)

I, undersigned parent/guardian of the above-named student, intend to drive the Student from the school-sponsored event(s) listed below.

Date of Event(s): _____

Event & Location: _____

I acknowledge that it is the Policy of the South Lyon Community Schools (hereinafter referred to as "the District") to provide the Student with transportation to this/these event(s). By affirmatively electing to instead drive the Student, I acknowledge that I am doing so by my own free and voluntary choice, that no employee or agent of the District requested that I drive my Student to this/these event(s); and that District-provided transportation would otherwise be provided for the Student. I therefore acknowledge that in driving the Student, I shall not be acting as an employee or agent of the District, nor shall any insurer of the District have any responsibility nor liability to me, or to the Student, or to a third person who may incur personal injury or property damage by virtue of my actions or inactions in driving the Student to this/these event(s). I further agree to defend, indemnify, and hold the District harmless for any claims of responsibility asserted against the District based on my actions or inactions in driving the Student to this/these event(s). I also understand and agree that in the course of the Student to this/these event(s), I will no transport any other student(s) participating in the event. I understand that it is the Policy of the District not to allow any student, regardless of whether he/she has reached the age of majority, to elect to drive himself/herself to events for which District-provided transportation is available.

X _____
Signature of Parent/Guardian

Date Signed

This is to certify that I, as parent/guardian with legal responsibility for the Student, do consent and agree as provided above.