Barre City Elementary & Middle School Athletic Permission– Emergency Information – Proof of Insurance 2018-2019

Please fill out ALL information

Student Name:	Age: Grade:
Parent Name:	Home Phone:
Parent's Cell Phone:	Work Phone:
Email Address:	

I confirm that my son/daughter is enrolled as a full-time student at Barre City Elementary and Middle School. (Home study students require documentation from the State of Vermont Agency of Education PRIOR to beginning any activity; please contact the Athletic Director for more information.) I give permission for my son/daughter to participate in the following school approved interscholastic athletic activities (except those prohibited by an examining physician).

Please circle <u>all that apply</u> :	FALL:	7-8 S	occer		
	W	<u>'INTER</u> :	7-8 Basketba	all	6-8 Cheerleading
	<u>SI</u>	<u>PRING (CI</u>	ub Teams):	7-8 Baseball	5-8 Track & Field

In case of an emergency, I understand every attempt will be made to contact me, or the person(s) listed below at the following numbers:

1 st Option:	Telephone #	
i si Option.	 relephone #	•

2 nd Option: _____ Telephone #:

Injuries can and probably will occur during practices, games, and interacting with fellow student athletes. All costs associated with medical care, emergency medical transportation, medication, rehabilitation or therapeutic treatment must be paid through the student athlete's health and accident insurance carrier. BCEMS will not accept responsibility for any payment, co-payment, deductible or related expenses. In case of medical emergency, I grant permission for BCEMS personnel to secure medical treatment for my child.

I confirm that my son/daughter has HEALTH insurance through

Group number:	Policy Number:	

Student athlete signature/date

Parent/Guardian signature/date

-----TURN OVER------

I have read and understand that:

1. Occasionally BCEMS uses pictures or video images of students in promotional materials, newspaper articles, or newsletters. I grant permission for the school to display my son/ daughter's image in publications and/or broadcasts.

2. I have read and agree to follow all BCEMS Sports guidelines – policies – procedures found in the 2016-17 Parent/Student Handbook. In addition, I will support the school administration, athletic director, coach(es), team captain(s), and teammates in working to fulfill our potential.

3. I have received information regarding the signs and symptoms, treatment, and prevention of concussions as part of Vermont Law Act 58.

4. I have read and agree to follow athletic academic policy written in the Athletic Digest for the sports season.

5. I understand that uniforms are school property and should be treated with care. I understand that if uniforms are damaged, lost or not returned by the end of the season, I will be charged the original price of the uniform paid to BCEMS Athletics.

Student athlete signature/date

Parent/Guardian signature/date