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**PART 1**

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**Capitol Region Education Council  
ATHLETE SPORTS CONTRACT/PARENT PERMISSION FORM**

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\_\_\_\_\_  
Print Athlete's Name (Last, First)\_\_\_\_\_  
Grade\_\_\_\_\_  
Date of Birth**ATHLETE:**

As a student-athlete, I understand that participation on an interscholastic athletic team is a privilege and a commitment, not a right. I fully understand that with that privilege comes the responsibility of abiding by the expectations, rules and regulations set forth by CREC, the school, and Athletic Department. As a student-athlete, I promise to conduct myself as a positive representative of the team and I also understand that this contract shall be in effect for the entire sports season.

\_\_\_\_\_  
Signature of Athlete\_\_\_\_\_  
Date**PARENT:**

I/We give permission for \_\_\_\_\_ to participate in organized high/middle school athletics, realizing that such activity involves potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be of a severe nature.

I/We acknowledge that I/We have read and understand this entire document.

I/We give permission to participate in interscholastic athletics in the following sports:

\_\_\_\_\_  
Baseball      \_\_\_\_\_ Cross Country      \_\_\_\_\_ Soccer      \_\_\_\_\_ Track (indoor)      \_\_\_\_\_ Ultimate Frisbee

\_\_\_\_\_  
Basketball      \_\_\_\_\_ Football      \_\_\_\_\_ Softball      \_\_\_\_\_ Track (outdoor)      \_\_\_\_\_ Volleyball

\_\_\_\_\_  
Signature of Parent\_\_\_\_\_  
Date

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**PART 2**

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**STUDENT-ATHLETE EMERGENCY CONTACT FORM**

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Please fill out and return to the coach. This will be kept on file to know whom to contact in case of emergency. Please notify the coach immediately in writing of any change.

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_

If employed where (father) \_\_\_\_\_

Phone \_\_\_\_\_

If employed where (mother) \_\_\_\_\_

Phone \_\_\_\_\_

If above cannot be located call: Name \_\_\_\_\_

Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Hospital of choice \_\_\_\_\_

I hereby authorize Capitol Region Education Council (CREC) personnel, any physician, physician assistant or nurse employed or retained by CREC, to provide medical assessment and routine medical treatment and services to the above named student. I/We also authorize CREC staff to administer to the above named student those over-the-counter medications and prescription medications that I specify in writing, in accordance with any applicable physician instructions and to obtain/provide information about this student from the student's school records. In the event of an injury requiring medical attention, I/we hereby grant permission to the CREC staff to attend to my/our son/daughter.

I/We hereby give permission for the provision of emergency medical treatment to my/our son/daughter in the event of injury or illness that occurs during participation in school sponsored activities. In case of a serious accident, or one which CREC feels should have immediate attention, CREC has permission to take my/our son/daughter to the hospital or other facility for emergency treatment and services. I/We accept full responsibility for the costs of any medical care or treatment that I/we have hereby authorized.

To the fullest extent permitted by law, I/We agree to indemnify and hold harmless the CREC and their respective officers, agents, servants and employees against any and all liability and costs and against any and all claims arising out of injury or damage sustained in connection with the provision of these services.

If any of the provisions, terms or clauses of this contract are declared illegal, unenforceable or ineffective in a legal forum or by operation of law, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms and clauses of this contract shall remain valid and binding upon both parties.

\_\_\_\_\_  
**SIGNATURE OF PARENT**\_\_\_\_\_  
**Date****RETURN TO COACH****12/2014**