


**Oyster River Middle School Athletic Department  
Athletic Participation Form**

The Oyster River Middle School offers a variety of intramural and interscholastic sports for students. Any athlete that participates at an interscholastic level must have this form completely filled out by a parent or guardian. Please return to your coach as soon as possible. Thank you.

**PERMISSION STATEMENT**

I am aware that athletics can be physically demanding and have conditions inherent to the sports that expose an athlete to many risks of injury. I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to participate in the sport of \_\_\_\_\_ for the Oyster River Middle School.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**INSURANCE and MEDICAL INFORMATION**

The Oyster River School District requires that all students participating in interscholastic athletics be covered by either family health insurance and/or the school's accident insurance (available at the ORMS office).

The Oyster River Middle School cannot guarantee that any athlete will not suffer an injury during the season. Injuries are inherent to athletics and accidents do happen. Please fill in the necessary insurance information below.

**Check the coverage that applies:**

\* \_\_\_\_\_ Family Insurance:      Insurance Company: \_\_\_\_\_  
    Policy Holder Name: \_\_\_\_\_  
    Policy Number#:                 \_\_\_\_\_

\* \_\_\_\_\_ School Accident Insurance:      Policy Number#: \_\_\_\_\_

Please include any medical or other information that could effect your child's ability to participate in this sport.

\_\_\_\_\_

\_\_\_\_\_

**PARENT CONTACT INFORMATION**

Parent/Guardian Name: \_\_\_\_\_  
 Home Phone:                                \_\_\_\_\_  
 Work Phone:                                 \_\_\_\_\_  
 Cell Phone:                                 \_\_\_\_\_  
 E-mail\*:                                      \_\_\_\_\_

\*E-mail is a quick and easy way for coaches to contact parents about scheduling changes, game info, etc.

**EMERGENCY CONTACT INFORMATION**

Contact Person 1 Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Phone:   \_\_\_\_\_

Contact Person 2 Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Phone:   \_\_\_\_\_

**In the event of an emergency, where none of the parties listed here can be contacted, I give my permission for emergency medical personnel to be contacted, and my child to be transported by ambulance to a hospital.**

Parent/Guardian Signature: \_\_\_\_\_