**SPORTS CONTRACT**

IMPORTANT: This form must be filled out before a student can practice or compete with any Quimby Oak Middle School athletic team.

|  |
| --- |
| (Please Print) STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_ GENDER (CIRCLE ONE): M / F SPORT: BASKETBALL  |

 **As a parent** of a Quimby Oak Middle School athlete, I/we understand the existence of potential dangers associated with athletic participation, including injuries ranging from minor muscle strains and sprains to more serious injuries to ligaments, bones and tendons as well as catastrophic injuries to the head, neck and spinal cord. We also understand it is our responsibility to carry adequate insurance coverage, and that Quimby Oak is not responsible for the cost of medical care associated with such injuries.

**As a parent** of a Quimby Oak Middle School athlete, I/we understand that it is the responsibility of the student athlete named above to return all equipment and uniforms in the condition they were received or pay the cost of replacement.

 **As an athlete** at Quimby Oak Middle School, I/we understand there is no guarantee of any amount of playing time. I agree to support the coach's decisions and show good sportsmanship to all opponents, officials, coaches, and fans of both schools.

**As a parent** of a Quimby Oak Middle School athlete, I/we agree to support the coach's decisions. I will show good sportsmanship to all players, coaches, fans and officials of both schools.

**As a parent** of a Quimby Oak Middle School athlete, I/we understand that transportation to and from off-campus games and practices is our sole responsibility as parent(s) unless required school transportation is provided.

 **As an athlete** at Quimby Oak Middle School, I agree to abide by all school policies as stated in the Student-Parent Handbook. Athletes at Quimby Oak Middle School are expected to

* demonstrate exemplary conduct on and off the field/court, in the classroom, and in any public place with our team
* always represent my school and team in a positive manner
* always respect the rights of my fellow teammates, coaches, and opponents
* maintain at least a 2.0 GPA with no F’s
* avoid behavior that would result in a referral and/or assigned consequence

**Social Media Notice**

Parents at school events on campus or in the community: To protect the privacy rights of our students, at no time should pictures or video of children, except your own, be posted to any web site or social media without permission from the child’s parent or legal guardian.

**Signing below indicates you understand the policies of the school and the athletic department, and agree to support them. The parent signature will also serve as your permission for the student named above to participate on Quimby Oak Middle School athletic teams.**

**Your signature acknowledges your awareness of the ever present risk of athletic injury to your student athlete while participating in athletics. It also authorizes the health information of the student be disclosed to Quimby Oak Middle School for the purposes of injury evaluation with respect to participation in athletics and activities sponsored by the school.**

|  |
| --- |
| In case of emergency please contact us at the following numbers: Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Some form of accident or health insurance is required before a student will be allowed to participate in any sport. Insurance may be purchased at: [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com).

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_

Grade\_\_\_\_ Personal Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HISTORY (explain “Yes” answers below \*\*)**

Y N Have you been hospitalized

Y N Have you had any surgery

Y N Are you now on any medication

Y N Do you have any allergies

Y N Have you ever passed out

Y N Have you ever been dizzy during activities

Y N Have you ever had chest pain during exercise

Y N Do you tire more quickly than your friends

Y N Have you ever had high blood pressure

Y N Have you ever been told you have a heart murmur

Y N Have you ever had a racing heart or skipped beats

Y N Has anyone in your family had heart problems

Y N Do you have any skin problems

Y N Have you ever had a head injury

Y N Have you ever been knocked out

Y N Have you ever had a seizure

Y N Have you ever had a stinger or pinched nerve

Y N Have you ever had heat or muscle cramps

Y N Have you ever been dizzy or passed out in heat

Y N Do you have trouble breathing

Y N Do you use any special equipment

Y N Have you had any problem with eyes or vision

Y N Do you wear glasses or contacts

Y N Have you ever sprained, dislocated, and/or broken any bones:

 \_\_head \_\_ shoulder \_\_ thigh\_\_ neck\_\_ elbow\_\_knee \_\_ hand

 \_\_ chest\_\_ forearm\_\_ back\_\_ wrist \_\_ ankle\_\_ hip \_\_ foot

Y N Have you had any other medical problems

Y N Have you had any problem since your last exam

**\*\*Explain YES answers**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby state that to the best of my knowledge, my answers are correct

Signature of athlete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_