

2009-10 Student and Parent Consent Form
Otsego Middle School Athletic Department
Handbook is posted at www.otsegops.org

Please Print and Return to the OMS Athletic Office:

First name Middle Name Last Name

Date of Birth: _____ Place of Birth: _____

Student Participation

This application to participate in athletics at Otsego Middle School is voluntary on my part and is made with the understanding that I will abide by all of the participation and eligibility rules as forth by the MHSAA and Otsego Middle School. I have reviewed the athletic manual and understand it.

Signature of Student: _____

Parent or Guardian Consent:

I hereby give my consent for the above middle school student to engage in interscholastic athletics at Otsego Middle School in MHSAA approved sports during the current school year and to accompany the team as a member on out of town trips. I understand that my son/daughter will be expected to adhere firmly to all established athletic policies. I have read both the Otsego Athletic Code and the MHSAA Eligibility rules. I have listed below the family insurance plan which my son/daughter is covered by:

FAMILY DEPENDENT INSURANCE COMPANY: _____

GROUP OR POLICY #: _____

Date Parent/guardian Signature

EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT

(To be completed by Parent)

Student Name: _____ Grade: _____

Emergency Contact No. 1: _____ Phone: _____

Emergency Contact No. 2: _____ Phone: _____

Hospital choice: _____

I, _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may become necessary and further recognize that school personnel may be unable to contact me for consent for emergency care. I do hereby consent in advance to such care, including hospital care, as may be deemed necessary under the existing circumstances:

Date Parent/guardian signature