

**THIS TOP PAGE FOR FOOTBALL PLAYERS ONLY!**

**NOTICE**

**TO ALL ATHLETES PLAYING FOOTBALL FOR PATTONVILLE SCHOOL DISTRICT**

Football is a contact sport that could cause you serious injury. Participation in the sport is an acceptance of some risk of injury. In order to minimize this risk, it is necessary that you as a participant be aware of and abides by certain safety rules and guidelines.

The helmet you wear is not to be used to butt, ram, or spear an opposing player. This is in violation of MSHSAA football rules and such use can result in severe injury to your opponent. No helmet can prevent all head or neck injuries that a player might receive while participating in football.

You must also report all injuries and any illness to the athletic trainer or coaches as soon as they become evident to you.

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In consideration of this opportunity to participate in the football program at the Pattonville School District during my entire period of eligibility for the program, I hereby certify that I have read and understand the above statement, that I have had an opportunity to ask for explanation or clarification of any portion I did not understand, and that I agree to observe these and other rules and practices which may be employed to minimize my risk of injury while pursuing the benefits of this sport.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**STUDENT/PARENTAL CONSENT AND WARNINGS**

I/We give permission for \_\_\_\_\_ to participate in organized jr. high/high school athletics. I/We realize that participation in interscholastic athletics involves the potential 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 so severe as to result in total disability, paralysis or even death.

I/We acknowledge that I/we have read and understand the above.

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

\_\_\_\_\_  
Player

\_\_\_\_\_  
Date

**STUDENT AGREEMENT:**

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them. I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. I have completed and/or verified that part of this certificate, which requires me to list all previous injuries or additional conditions that are known to me, which may affect my performance in so representing my school, and I verify that is correct and complete.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT PERMISSION AND AUTHORIZATION FOR TREATMENT:**

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school district of which this school is a part, it's employers, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school. If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We understand that the school may not provide transportation to all events, and:

**PERMIT or DO NOT PERMIT (CIRCLE ONE)** my child to drive his/her vehicle in such a case.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment, we certify that it is correct and complete. The MSHSAA By-Laws provides that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic athletic insurance coverage. Our son/daughter is covered by basic accident insurance for the current school year with:

NAME OF INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTS OR GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

(All Parents Must Sign) \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM!**

**Emergency Information: *To be completed by athlete or parent.***

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City/State Zip

PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

PHONE: \_\_\_\_\_ or \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**— PLEASE COMPLETE BOTH SIDES OF THIS FORM —**

**PATTONVILLE HIGH SCHOOL**