GLOVER COMMUNITY SCHOOL

**Consent to Participate in Athletics &**

**Risk Acknowledgement**

Glover Community School provides extra-curricular athletic opportunities as a means to promote healthy physical, emotional, and educational activities and school and community spirit. Activities are an extension of our educational opportunities. Participation in extra-curricular activities is a privilege, not a student right. Students are expected to exhibit good sportsmanship, maintain satisfactory academic progress, and demonstrate respectful behaviors at all times.

Coaches are hired by the school to provide instruction in the sport, conduct organized practices, and coach in game situations. Coaches are expected to develop and communicate team expectations to student-athletes and parents, set goals, and manage their teams.

Student-athletes are expected to act in a responsible manner. This includes being prepared to participate in practices and games. In order to help students develop this skill set, they will not be allowed to miss class time to call home unless it is an emergency. “I forgot my sneakers.” is not considered an emergency.

Parents play an important role in the development of our young athletes. Thank you for providing a positive environment and support for your student-athlete. As the season progresses, questions will arise. Please direct them to your athlete’s coach in a reasonable manner and at an appropriate time. Please remember, we all have the same goal – What’s best for our kids!

**Consent & Risk Acknowledgement**

I want my child to participate in interscholastic athletics at Glover Community School. I understand and accept that athletics are inherently dangerous activities, and there may be genuine risks to those who participate in these activities. I knowingly assume responsibility for any such risks and all such injuries. I understand that participation in athletics for my child is voluntary, and accept the risks as a condition of participation.

The presence of my signature indicates that I have read and understand the contents of this document.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**INSURANCE COVERAGE FORM**

As in all physical activities, there is always the chance of injury or accidents occurring during practices or games. Risks are minimized through conditioning, supervision, and instruction.

All participants are required to have proper insurance coverage in some manner by the parents or guardians. The Glover School District does not provide accident insurance for student-athletes.

I hereby certify that my child is covered by insurance. I understand and accept the inherent risks involved with her/his participation, and assume the full responsibility for any expenses incurred as a result of injuries my student-athlete may receive while participating in interscholastic athletics at Glover Community School.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group or Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Concussion Information Acknowledgement**

Glover Community School will follow the regulations required under Act 58: the Vermont Concussion Law, and the steps to return to academics and activities created by the National Federation of High Schools and the Fletcher Allen Hospital.

The presence of my signature indicates I have received this information about concussions.

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

**Transportation**

Glover Community School does not provide transportation to practices or games. Please be sure to make arrangements for your student-athlete to have transportation with a responsible adult to and from practices and games. Thank you.

**Please return all documents to your student-athlete’s coach prior to practice. Deadline is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. After this date, your child will not be able to practice until the completed forms are returned.**