

**GREENFIELD PUBLIC SCHOOLS
141 DAVIS STREET
GREENFIELD, MA 01301**

CONSENT AND RELEASE FORM

I, the undersigned (insert legal relationship to student, e.g., "parent", "guardian") of (insert name of student) ("my child"), a minor, do hereby consent to my child's participation in athletic or extracurricular programs of the Greenfield Public Schools.

I also agree to forever release the Greenfield Public Schools, the Greenfield School Committee and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or extracurricular programs of the Greenfield Public Schools ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Greenfield Public Schools' voluntary athletic or extracurricular programs.

I also promise, to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Greenfield Public Schools' voluntary athletic or extracurricular programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Greenfield Public Schools' voluntary athletic or extracurricular programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in Greenfield Public Schools' voluntary athletic or extracurricular program.

Signed this _____ day of _____, 200____
(Day) (Month)

Printed Name Signature
Parent/Legal Guardian

Printed Name Signature
Student

**Application for Try-outs for Team Sports
(with Parent/Guardian Permission)**

I hereby apply for the privilege of trying out for the _____ team in the _____ school year. (Name of Sport)

I realize my responsibilities if I try out for the above named sport. I will govern myself so that my association with the sport will bring honor to it and to the school, and I will withdraw from the team if I do not. I further agree to abide by all the rules and regulations established by the school administration, the MIAA, and those established by the coach.

_____ **Date** _____ **Student's Signature**

PERMISSION TO COMPETE:

1. I realize that my son/daughter may engage in this sport only if he/she is eligible according to the Rules of Eligibility for Interscholastic Athletic Competition for Massachusetts.
2. I will not hold the School Department responsible in the event of accidental injury while he/she is engaged in this sport.
3. My son/daughter is covered under the Blue Cross/Blue Shield certificate # _____

My son/daughter is covered under certificate # _____ of _____
(Insurance Co. Name)

My son/daughter is covered under the current offered School Insurance Plan.

_____ SCHOOL TIME PLAN _____ 24 HOUR/12 MONTH PLAN
_____ has my permission to try out and compete in _____
(Sport)

My son/daughter and I hereby certify that we have read and understand the rules listed in the **STUDENT ATHLETIC CODE**.

_____ (Student Signature) _____ (Parent/Guardian Signature)

_____ (Date)

GREENFIELD PUBLIC SCHOOL ATHLETIC DEPARTMENT

EMERGENCY MEDICAL CARD
(To be carried to all games and practices)

Last Name	First Name	M.I.
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Address	Town	State	Zip
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First Parent Contact	Home Phone #
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Work Phone #

Second Parent Contact or Other	Home Phone #
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Work Phone #

List all known allergies _____

List any known physical conditions _____

List any medicines student is taking _____

List any allergies to medicine _____

Child's primary physician _____ Phone # _____

In the event of an injury that the coach or athletic director deems necessary to activate E.M.S., your signature below gives permission to the Emergency Department personnel to treat your child in a reasonable and prudent nature.

Parent's Signature	Date
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(These emergency medical cards will be kept on file for the current school year. If any information on this card changes during the year, please contact the Athletic Department for a new form.)