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 in 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 ____________________, 201__

(Day)                              (Month)

_________________________________         _________________________________
Printed Name           Signature      Printed Name          Signature
Parent/Legal Guardian     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.

____________________________________           ____________________ ________        _________
Address                                                          Town                         State                  Zip

___________________________________________________ ____________________________
First Parent Contact                                                                       Home Phone #

___________________________________________________ ____________________________
Work Phone #

___________________________________________________ ____________________________
Second Parent Contact or Other       Home Phone #

___________________________________________________ ____________________________
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

(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.)