(OVER)

2018 - 2019 REDHAWK CONTRACT

Since I have been selected as a member of a Goshen Middle School Athletic Team(s), I have read and hereby agree to abide by the rules and regulations of the Goshen Middle School Athletic Department. I also understand that I must abide by the team rules established by my

coach(es).	Gender: □ M □ F
Name of Athlete (PRINT)	Grade Entering 2018-2019
Signature of Athlete	Date
Since my son/daughter has been sel-	ected as a member of a Goshen

Middle School Athletic Team(s), I/we have read the rules and regulations and that I/we will do all that I/we can to help enforce the REDHAWK CODE OF CONDUCT AND DRUG AND ALCOHOL POLICY.

We give permission to the GCS Sports Medicine staff to disclose protected health information for purposes to treat, coordinate, or manage the athlete's health care. We may also disclose health information necessary to coaches, emergency contact persons, parent/guardians, or other Sports Medicine personnel.

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Signature of Parent /	Guardian	Da	ite

GOSHEN COMMUNITY SCHOOLS uses athletic photos on GMS athletic web pages. PLEASE CHECK ONE OF THE FOLLOWING:

 I grant GCS permission to use my son/daughter's name with any
pictures used.

I do not grant GCS permission to use my son/daughter's name, with any pictures used.

If you have any questions concerning the rules and regulations of the Goshen Middle School Athletic Department please feel free to contact the GMS Athletic Director at 533-0391 Ext. 2703.

***The signed Code of Conduct, Emergency Medical Form, and Physical must be completed and submitted to the Athletic Office before the first practice or the athlete may not participate in that practice.

7th & 8th Grade

***The signed Drug Testing Policy Consent Form must be completed and submitted to the Athletic Office prior to the athlete competing in a contest if they were not enrolled in drug pool last year.

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and dosage: your child have any medical condition that we should be aware of for his/her health and safety? medication name If YES, 9 □ YES medication currently? If YES, please explain: Is your child taking any

9

9 YES Does your child have any allergies?

9

П

Does your child use an inhaler?

list them:

If YES,

Ω

prior

are obtained

dentists

ō

physicians

available licensed physician or dentist.

of any emergency treatment necessary by the s not cover major surgery unless the medical

not cover h surgery.

ō

the administration

other

(Part I)

YES

Does your child wear contacts?

9

event that reasonable attempts to contact me (parent/guardian) or the other names listed have been unsuccessful, I hereby give my consent for **AUTHORIZATION** MEDICAL **EMERGENCY**

Signature of Parent / Guardian

COMPLETE PART II **PART** NOT COMPLETE IT IS IMPERATIVE THAT YOU YOU DO

of illness or injury requiring emergency treatment, I wish the school emergency treatment for my child. In the event I **DO NOT** give consent for any authorities to

Signature of Parent / Guardian

(OVER)

DATE

WINTER Sport

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Student's	Grade Date
	Date of Birth
(last) (first) (middle)	Phone
Parent or Guardian	Phone
In case of emergency, call first	Phone
Father's Employment	Phone
Mother's Employment	Phone
If above cannot be located, call:	
(1st Choice)	Phone
(2nd Choice)	Phone
Family Physician (1st Choice)	Phone
(2nd Choice)	Phone
Family Dentist	Phone
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2018 - 2019 **PROOF OF INSURANCE**

Goshen Middle School is no longer providing insurance to any student athlete, however, Goshen Middle School is offering a supplemental insurance policy for a fee.

- ☐ YES, I would like to purchase the supplemental insurance.
- NO, I do not want the supplemental insurance but do have an existing personal policy.

Insurance Co.: Insurance Policy #:

Signature:

(Parent or Guardian)

☐ I do NOT have insurance and I DO NOT want to purchase the supplemental insurance. I assume all responsibilities for any accidental medical expenses incurred.

> Signature: _____ (Parent or Guardian)

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