

(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 selected 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.

Signature of Parent / Guardian _____ Date _____

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.

(OVER)

2018 - 2019 EMERGENCY INFORMATION CARD IMPORTANT

Does your child have any medical condition that we should be aware of for his/her health and safety? YES NO

If YES, please explain: _____

Is your child taking any medication currently? YES NO If YES, medication name and dosage: _____

Does your child have any allergies? YES NO If YES, list them: _____

Does your child wear contacts? YES NO Does your child use an inhaler? YES NO

EMERGENCY MEDICAL AUTHORIZATION (Part I)

In the event that reasonable attempts to contact me (parent/guardian) or the other names listed have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by the available licensed physician or dentist. This consent does not cover major surgery unless the medical conditions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.

DATE _____

Signature of Parent / Guardian _____

IF YOU DO NOT COMPLETE PART 1, IT IS IMPERATIVE THAT YOU COMPLETE PART II (Part II)

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

DATE _____

Signature of Parent / Guardian
(OVER)

NAME _____

