



MIDDLE SCHOOL SPORTS LEAGUE

Cross Country Registration/Medical Release

THE REGISTRATION/MEDICAL RELEASE FORM MUST BE COMPLETED BEFORE STUDENT PARTICIPATES.

Please return completed registration/medical release form and fee to THS school office.

Fee per child: \$75 Checks payable to: The Healdsburg School

Student Name (print) _____ Grade _____

Parent/Guardian (print) _____

Home Phone _____ Cell / Other _____

Parent/Guardian and Student/Athlete Conduct

*****Parent/Guardian and Student Signature Required*****

We, student and parent/guardian, understand and agree to:

- Attend scheduled practices and competitions as well communicate conflicts prohibiting student participation.
- Exemplify sportsmanlike conduct toward teammates, coaches, opponents, and officials; at all times.
- Unsportsmanlike conduct is not tolerated and can result in ejection from practice, competition, or expulsion from the team. Such violations are subject to further school-administration action.
- Parent/guardians are responsible for transportation of student/athlete to and from practices, competitions, and team events.

Participation in the MSSL requires traveling throughout Sonoma County. It is the responsibility of the parent/guardian to obtain and present sufficient auto insurance when transporting student/athletes, other than their own, to and from practices, competitions, and team events.

Participation in the MSSL is a privilege, not a right. The MSSL and its representatives reserve the right to remove or suspend those who violate the conduct policy, or act irresponsibly attending league events.

Student/Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

MEDICAL RELEASE INFORMATION

I, parent/guardian, hereby authorize the staff of the MSSSL after-school athletic program and its representatives to consent to any emergency medical care necessary for my son/daughter while under supervision. I have no knowledge of any physical impairment that would affect the above athlete's participation in any rigorous physical activity. I understand that it is my/parent responsibility to notify the school administration and athletic director of any such medical condition. I understand that reasonable attempt will be made to contact me/parent before use of this consent.

I, parent/guardian, of the above student/athlete understand the member schools, the MSSSL, and its representatives will attempt to provide reasonable supervision for my child. However, I understand injuries can occur. Such injuries can, on rare occasion, result in short-term disability, chronic disability, paralysis, or death. In consideration for providing my child the opportunity to participate, I hereby release and hold harmless the member schools, its employees and volunteers from any liability for any injury sustained while participating as a member of a MSSSL team.

I, parent/guardian will provide any medical needs or medications in a sealable bag including my child's name, written instructions for use, as well written permission to administer.

Please identify any medical condition(s): _____

Please identify any medical need(s). i.e. inhaler, epi-pen, medications: _____

Parent/Guardian Signature _____ **Date** _____