



## **Registration & Medical Release Form**

THIS FORM MUST BE COMPLETED BEFORE ATHLETE CAN PARTICIPATE

Please return completed registration/medical release form and fee to the THS School Office

Athlete's First Name \_\_\_\_\_ Athlete's Last Name \_\_\_\_\_

Parent Contact Information:

Full Name(print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address, postal code: \_\_\_\_\_

Full Name(print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address, postal code: \_\_\_\_\_

Emergency Contact Information (other than parents):

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Needs/Allergies:

Please identify any medical condition(s):

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

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THS coaching staff members are not permitted to administer medication to participants. In an event of a medical emergency, THS coaching staff will administer first aid in the best interest of the child. Parents will be contacted if care is administered. Allergy medications may be administered if directed in writing by the child's parent/guardian.

Please initial the following:

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

I, parent/guardian\_\_\_\_\_, hereby authorize the coaching staff of The Healdsburg School 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-guardian responsibility to notify the school administration and camp coach of any such medical condition. I understand that a reasonable attempt will be made to contact me/parent before use of this consent.

I, parent/guardian\_\_\_\_\_, of the above athlete understand the coach and staff 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 coach and staff from any liability for any injury sustained while participating as a member The Healdsburg School.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



## ***THS Bears Student-Athlete Agreement***

**\*\*\*Parent/Guardian & Athlete Signature Required\*\*\***

As a member of our THS community and athletic teams, student-athletes will be held to the highest standard and are expected to follow guidelines.

Student-athletes will:

- Communicate conflicts prohibiting student participation.
- Exemplify sportsmanlike conduct towards teammates, coaches, opponents, and officials at all times.
- Be honest and take responsibility for their words and actions.
- Positively represent themselves both on and off the court or field of play.
- Respect school equipment. THS provides athletes with uniforms and athletes are responsible for keeping the equipment/uniforms in good condition.
- Attend school for a minimum of half-day in order to practice or play in a game, match, or meet. Although our policy requires a student to attend at least half a day of school to participate in extracurricular events, a student may not leave school sick and return later to play in a competition.

In the event a student-athlete does not abide by these guidelines, they may be suspended from a team or from practices and/or games. If the behavior continues, the student-athlete may be removed from the team permanently. The Athletic Director and school administration will decide appropriate consequences for not following this agreement.



## **THS Bears Parent Agreement**

*\*\*\*Please initial the below\*\*\**

I, parent/guardian \_\_\_\_\_ understand that my child must follow the stated behavior expectations and safety rules and that The Healdsburg School reserves the right in its sole judgment to dismiss without refund, any child whose behavior interferes with the right and safety of others and consistently disrupts group dynamics or activities.

I, parent/guardian \_\_\_\_\_ are responsible for transportation of student-athlete to and from games.

I, parent/guardian \_\_\_\_\_ understands that THS provides athletes with uniforms and athletes are responsible for keeping the equipment/uniforms in good condition. If equipment and/or uniforms are damaged, I will be responsible for the costs.

I, parent/guardian \_\_\_\_\_ give permission for my child to participate in the 2020 basketball season.

Please sign below indicating you have read and agree to abide by our THS student-athlete agreement.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent signature