



Dayville High School

2016-17

Athletic Participation Form

Student Name _____

Address _____ Phone _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

The above named student has my permission to participate in all activities scheduled through regular school channels and authorized by the Dayville School Board including field trips, athletic events and trips, class activities, and any other that may be duly scheduled, with the exception of _____.

In order to participate in a sport, students must furnish proof of insurance or purchase the available school insurance (information available in school office).

My child is insured through _____

Policy # _____

I authorize school officials to secure the services of a physician and/or hospital in the event it is deemed necessary for my child by authorized school authorities and I, the undersigned, accept full responsibility for the cost of treatment for any injury which my child may incur while participating in extracurricular programs that may/may not be covered by the insurance noted above.

Parent/Guardian Signature _____ Date _____

Office Use Only	Date of Physical _____	Registration Complete _____	Fees Paid (SB) (TXT) (Fall) (Winter) (Spring)
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