



HARTFIELD ACADEMY Athletics Participation Form (Consent/Insurance)

I hereby give consent for my child, _____ to participate in any and all activities that are required for the sport(s) of :

List the sports in which he/she may participate for the _____ (year) season:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I hereby acknowledge that Hartfield Academy does NOT provide health and accident insurance for its participants in any sport-(practices or games), and I understand that I must provide for and assume responsibility for my students coverage. My child is covered under the following plan(s):

Company _____ Policy # _____

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Hartfield Academy offers a free medical screening opportunity through Capital Orthopaedic Clinic in May before school is out each year ; (we provided transportation and supervision as well.) Any student-athlete that did not attend this screening must have a valid/updated physical on file with us prior to participation in his/her sport(s).

By signing below, I understand all the information and grant consent for the above named student-athlete to participate in these sports. Furthermore, we understand and support the fact that student-athletes must comply with all written or oral directions given by the head/assistant coaches. A lack of self-discipline, display of a poor attitude or failure to meet the commitments to the team and the athletic program will result in suspension from participation in that sport.

Parent/Guardian signature _____ Date : _____