



**Pittsfield Middle High School Athletic Department
Contractual Acknowledgement & Acceptance**

We have read the Student/Athlete Contract. We understand and agree to comply with the standards and Policies governing participation in Athletics at Pittsfield Middle High School.

Name of Student/Athlete: _____ (Please Print)

Signature of Parent/Guardian: _____ Date: _____

Signature of Student/Athlete Name: _____ Date: _____

Acknowledgement of Warning Consent Agreement

I/We, _____ am/are the parent(s) or guardian(s) of _____, a minor.

Who desires to participate in athletics at Pittsfield Middle High School during the current calendar school year. I/We acknowledge that I/We have been informed as to the nature of the activity, and that this activity has risks of injury associated for those who participate, including transportation from and to the school campus. Although the school staff will endeavor to provide each participant with due care, the school cannot ensure that my/our child will remain free of injury.

I/We represent that my/our child is physically fit to participate in this activity and, if required, that he/she has been examined by a licensed physician who verifies that my/our child is physically fit to participate in this particular activity. The school district will rely on this representation.

I/We understand the school cannot ensure the safety for children and that the schools obligation is to take reasonable precautions for safety and well being. Our child also has a responsibility for his/her safety and the safety of others.

I/We acknowledge that I/We must provide the staff with any medical or other information which I/We feel is important for the school to know about our son/daughter. This information must be kept confidential. I/We will provide medical and any other information on our child prior to the start of this activity. The School district will rely on me/us to provide this additional information.

I/We acknowledge my/our child must adhere to all rules, regulations, and instructions pertaining to the safety and protection of the participants, and that failure to comply could exclude my/our child from participation in this activity.

I/We acknowledge and understand the risks and requirements for our child to participate in Athletics at PMHS. I/We consent to my/our child's participation in this activity.

Signature of Parents/Guardians: _____ Date: _____

Address: _____

Telephone (Home): _____ (Work): _____

E-Mail Address: _____