

SILVER LAKE REGIONAL HIGH SCHOOL
CODE OF CONDUCT FOR ATHLETICS

Statement to be signed by the Student Athlete

I have read the rules pertaining to the Silver Lake Regional High School Code of Conduct and have furnished a copy to my parents or guardian. These rules were explained to me by a coach or administrator for the sport of _____.

Print Student Name _____ Sign Name _____ YOG _____

Statement to be signed by Parent or Guardian

I acknowledge the receipt of a copy of the Silver Lake Athletic Code of Conduct. I give by son/daughter permission to take part in the sport of _____.

Parent/Guardian signature _____ Date _____

***Important MIAA Physical Examination Rule – No student may try out for any sport without proof of a physical exam current to within thirteen months of participation.**

EMERGENCY CONTACT CARD

The following information will be kept by the coach. In the event of serious injury, the coach will make every effort to contact you as quickly as possible.

In emergency medical situations I give my permission for my son/daughter to be treated by an attending physician.

Signature _____ circle one yes no

Sport _____

Pupil's name (print) _____ Phone _____

Home address _____

Mother's name _____ Phone _____

Mother's employer _____ Phone _____

Father's name _____ Phone _____

Father's employer _____ Phone _____

Allergies _____

Wears contact lenses yes _____ no _____

The following persons are authorized to act for the parent in the event of illness or injury.

1. Name _____ Phone _____

2. Name _____ Phone _____

Name of family physician _____ Phone _____