

MOULTONBOROUGH ACADEMY ATHLETICS STUDENT ATHLETE ASSUMPTION OF RISK

The following is a list of school sports offered through at Moultonborough Academy and the potential risks associated with participation in high school athletics.

- Baseball
- Basketball
- Cross Country
- Football
- Golf
- Ice Hockey
- Lacrosse
- Skiing - Alpine
- Skiing - Nordic
- Soccer
- Softball
- Tennis
- Track and Field
- Volleyball

Safety for student athletes during participation in the interscholastic athletic program is of utmost concern. We attempt to provide all student athletes with a safe practice and playing environment. Our coaching staffs are carefully selected to ensure competence in conducting their sport. We provide high quality protective equipment and include proper facilities maintenance as an important aspect in injury prevention.

Despite these efforts, injuries do occur. Athletic competition by its very nature creates various situations where injuries cannot be avoided. As an athletic participant, there is always the possibility that you may sustain an injury. Potential injuries are *breaks, strains, sprains, contusions, fractures, abrasions, concussions, dehydration, blisters, cramping, punctures, dislocations, broken teeth, lacerations, shin splints, back, knee, and ankle problems, eye injuries, elbow inflammation, heat exhaustion, and more serious injuries up to and including paralysis or death.*

Participation in athletic competition provides the individual with a positive educational experience that can add to the individual's development. **The participant and participant's parents must realize, however, that there is a potential for serious injury.** Individuals who cannot accept the injury risk should redirect their energies to either a non-athletic activity or select a sport with a reduced injury potential.

RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE

Participant's name _____ Date of Birth _____

Parent/Guardian Name(s) _____

My/Our child wishes to participate in the sport(s) of _____ in the Moultonborough Academy Athletic Program. We realize that there are risks involved in our child's participation. We attended a preseason registration meeting where these risks were discussed and explained. We listened to presentations by coaches and administrators, and had all of our questions answered. We know and understand that risks to our child include any of the injuries listed above, from minor to severe, up to including serious permanent disability, paralysis, or death. We agree to accept this risk as a condition of our child's participation.

Signature/Relationship _____ Date _____

Signature/Relationship _____ Date _____

Participant Signature _____ Date _____

**MOULTONBOROUGH ACADEMY ATHLETICS
EMERGENCY FORM**

PLEASE PRINT

NAME: _____ D.O.B. _____ AGE: _____ GRADE: _____ SHIRT SIZE: _____

Parent's (Guardian) Name _____

Address: _____

STUDENT CELL _____ PARENT CELL _____ HOME PHONE _____

Student email _____ Parent email _____

Telephone # of parent during the day: Father: _____ Mother: _____

In an emergency, if Parents cannot be contacted:

Notify (Name) _____ at telephone # _____

Family Doctor: _____ Dr.'s Telephone #: _____

Preferred Hospital: _____

Known allergies: _____

The team physician, trainer and coach may apply first aid treatment until the family doctor can be contacted. We give consent for coaches, trainers and team physician to use their judgment in securing medical aid and ambulance service in case the parents cannot be reached. Yes _____ No _____

All qualifying students may participate in any interscholastic activity provided he/she is insured specifically against accidents arising from such interscholastic athletic participation, either through a school-sponsored plan or through another carrier. Either plan must be in effect throughout the pertinent sport season or students cannot participate, even in practice.

PLEASE ATTACH DOCUMENTATION ON ONE OF THE FOLLOWING ITEMS:

- I. PROOF OF INSURANCE
- A. PHOTO COPY OF THE INSURANCE CERTIFICATE (COACH AND ATHLETIC DIRECTOR MUST HAVE PHOTOCOPY OF INSURANCE CERTIFICATE OR POLICY)
 - B. SCHOOL INSURANCE - PROVIDE A PHOTO COPY OF THE PLAN AND CHECK INDICATING THE PLAN (ATHLETIC DIRECTOR AND COACH NEED A COPY).

II. SPORT(S) FOR WHICH ACCIDENT COVERAGE IS INDICATED: _____

Parent's Signature: _____ Date: _____

Copies of this document are available on the MA Athletics Webpage.