

**WARNING: AGREEMENT TO OBEY INSTRUCTIONS,
RELEASE, ASSUMPTION OF RISK, AND
AGREEMENT TO HOLD HARMLESS**

(Both the applicant student and parent or guardian must read carefully and sign.)

SPORT (Check applicable spaces):

- | | | | | | |
|--------------------------|---------------|--------------------------|------------|--------------------------|------------|
| <input type="checkbox"/> | Football | <input type="checkbox"/> | Basketball | <input type="checkbox"/> | Track |
| <input type="checkbox"/> | Volleyball | <input type="checkbox"/> | Wrestling | <input type="checkbox"/> | Basketball |
| <input type="checkbox"/> | Cross-Country | <input type="checkbox"/> | Gymnastics | <input type="checkbox"/> | Softball |
| <input type="checkbox"/> | Soccer | <input type="checkbox"/> | Swimming | <input type="checkbox"/> | Tennis |

STUDENT

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in the above-checked sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing/practicing to play/participate in the above checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Because of the dangers of participating in the above-checked sport(s), I recognize the importance of following coach's instruction regarding playing techniques, training and other team rules, etc., and agree to obey such instruction.

In consideration of Hurricane Middle School permitting me to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to, trying out, practicing or playing/participating in that sport(s). I hereby assume all the risks associated with participation and agree to hold Hurricane Middle School of Putnam County School District, (city, state), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any related to the Hurricane Middle School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that FOOTBALL, WRESTLING, GYMNASTICS AND BASEBALL are VIOLENT CONTACT SPORTS involving even greater risk of injury than other sports.

Date _____ Student Signature _____

PARENT/GUARDIAN

I, _____, am the parent/legal guardian of _____ (student). I have read the above warning and release and understand its terms. I understand that all sports can involve **MANY RISKS OF INJURY**, including, but not limited to, those risks outlined above.

In consideration of Hurricane Middle School permitting my child to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to trying out, practicing or playing/participating in that sport(s). I hereby agree to hold Hurricane Middle School of Putnam County School District (city, state), collectively and individually, its employees, agents, representatives, medical personnel, coaches and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the Hurricane Middle School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that FOOTBALL, WRESTLING, GYMNASTICS and BASEBALL are VIOLENT CONTACT SPORTS involving even greater risk of injury that other sports.

Date _____ Parent/Legal Guardian Signature _____

PART II – RESIDENCE AND PARTICIPATION

Athlete's Name _____ Class _____ School Year _____
(Last) (First) (MI)

Home Address _____ Parent's Address _____

City _____ State _____ City _____ State _____

Date of Birth _____ Place of Birth _____

Mother and Father's First and Last Names _____

Name of Legal Guardian _____

Signature of Legal Guardian _____

Signature of Student Athlete _____

This is my _____ semester in Hurricane Middle School. Last semester I attended _____ school and passed _____ subjects. I have read the condensed eligibility rules of the WVSSAC and I have also read the Hurricane Middle School Student-Athlete Handbook and I agree to make every effort to keep up my school work and abide by the rules and regulations of the Hurricane Middle School Athletic Department and the WVSSAC.

Current School Zone Living In _____.

PART III – INSURANCE

Hurricane Middle School does not carry student-athlete insurance. It is the responsibility of the parent/guardian of each athlete to make sure that he/she has one or more of the following plans in force:

- (1) Individual or Group Health/Accident Insurance Company _____ Policy No. _____
- (2) Special Insurance purchased for Football only _____
- (3) Student Classroom Accident Insurance _____

PART IV – EMERGENCY MEDICAL TREATMENT PERMISSION

I hereby authorize the school to obtain, through a physician of its choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges for medical treatment is guaranteed by me or the insurance company providing coverage for the student named below.

(Student Name)

(Parent/Guardian Signature)

(1) Allergies or Special Problems _____

(2) Date of last tetanus shot _____

(3) Family Physician _____ Phone _____