

INFORMED CONSENT

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches follow a proper conditioning program and inspect their own equipment daily.

South Lake Schools has informed me of the Michigan High School Athletic Association rules of eligibility.

I agree to abide by the Athletic Code of Conduct.

1. I will not use tobacco or alcohol products.
2. I will respect my coaches.
3. I will take proper care of school equipment.
4. I will behave in a sportsmanlike manner before, during and after an athletic contest.
5. I will not use steroids or any performance enhancing drugs.

Parent's Signature: _____

Student's Signature: _____

Date: _____

SOUTH LAKE HIGH SCHOOL ATHLETIC DEPARTMENT EMERGENCY MEDICAL AUTHORIZATION

This form must be made available by the coach at all team practices and contests for each team member to ensure proper medical treatment by physicians or hospital in the event of serious injury.

Athlete's Name: _____

Birth Date: _____ Grade _____ Sex _____

Parent's Name(s): _____

Home Phone: _____

Business Phone: _____

Address: _____

In the event the parents cannot be reached, please contact the following:

Phone Number: _____

List sports the above named athlete plays:

1. _____ 2. _____

3. _____ 4. _____

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to the hospital emergency room for treatment of any illness or injury resulting from his/her athletic participation.

Preferred Physician: _____

Preferred Hospital: _____

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Parent's Signature: _____ Date: _____

Insurance Co: _____

Policy Number: _____

SOUTH LAKE SCHOOLS

Dear Athletes and Parents:

Like driving a car, driving a school bus requires the driver's attention. Students who have the privilege of riding the bus are expected to do their part to make every bus run a safe run. In order to guarantee safe transportation for all students who ride the bus, we have implemented the following plan:

****ALL ATHLETES MUST RIDE TO AND FROM GAMES ON THE BUS****

All students are expected to:

- ✓ Follow directions from the bus driver and coach
- ✓ Remain seated at all times
- ✓ Keep all parts of their body and any objects inside the bus
- ✓ Keep their hands and feet to themselves
- ✓ Use good manners, speak politely, and keep their voices down
- ✓ NOT BRING ANY FOOD OR DRINKS ON THE BUS
- ✓ Be at the pick-up point on time

Consequences:

If a student chooses to break a rule, a Bus Conduct Report will be written by the driver and given to the principal. The principal will respond in writing on this report to the driver and parents. Misconduct may lead to suspension from the bus.

Please discuss these bus rules and consequences with your student athlete to be sure they understand the behavior that is expected of them. With your cooperation and support, they will have a safe journey to and from school.

Sincerely,
Jason Kasparian
Athletic Director

PLEASE SIGN AND RETURN TO THE ATHLETIC OFFICE.

ALL ATHLETES MUST RIDE TO AND FROM GAMES ON THE BUS

I have read and discussed the bus rules with my student athlete and agree to support this program.

Parent's signature _____

Athlete's signature _____