



Mobile County Public Schools Athletics



2020-2021 MOBILE COUNTY PUBLIC SCHOOL CONSENT TO PARTICIPATE WAIVER AND INSURANCE FORM

LAST NAME _____ FIRST _____ M.I. _____ SEX _____ DATE OF BIRTH _____

ADDRESS _____

MOBILE COUNTY PUBLIC SCHOOL ATHLETIC WARNING STATEMENT & CONSENT TO PARTICIPATE

*As an athlete and/or parent/guardian in the MCPSS Athletic program(s), I / We understand that participation in any sport can be a dangerous activity involving **MANY RISKS TO INJURY**. I / We further understand that there are serious risks including and not limited to brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. I / We understand that the dangers and risks of participating in sports also include the potentially high cost of medical care and impairment of the athlete's future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoyment of life. I/We understand that all sports can involve many RISKS of INJURY, including but not limited to, those risk listed above. Recognizing these risks, I / We consent to the participation of my / our son / daughter in the sports program offered by MCPSS. I / We also agree to comply with all rules, regulations, and recommendations of administrators, coaches, athletic trainers and doctors concerning injury prevention and care. I / We hereby grant consent to any and all health care providers designated by Mobile County Public Schools to provide my child any necessary medical care as a result of any injury or illness. I/We hereby assume all risk associated with participating and agree to hold the Mobile County Board of Education, its employees, agents, representatives, coaches, and volunteers harmless from any liabilities, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Mobile County Public School System Athletics programs. I/We have read the above information and understand its terms.*

_____	_____	_____	_____
Signature of Parent/Guardian	Date	Signature of Student	Date

EMERGENCY CONTACT INFORMATION

PLEASE PRINT

Parent / Guardian Name: _____

Father's Work: _____ Mother's Work: _____

Father's Cell: _____ Mother's Cell: _____



HEALTH INSURANCE INFORMATION:

NOTE: This MUST be completed. You must have insurance to participate. If you do not have private health insurance, you can apply for K&K insurance and/or ALL Kids insurance. Check with your school for further information. Also, please inform us of any changes in your insurance coverage during this school year. Payment of all charges incurred for medical treatment is guaranteed by parent/guardian or the insurance company providing coverage for the above named student-athlete.

Carrier: _____ Policy No.: _____ Group No.: _____ Expiration Date _____

Policyholder's name: _____ Relationship: _____

MEDICAL HISTORY:

List any allergies or pre-existing medical conditions: _____

In EMERGENCY, if parents cannot be contacted, notify:

Name: _____ Relationship: _____

Home phone: _____ Work: _____ Cell: _____

National Federation of High Schools and the Alabama High School Athletic Association Sportsmanship Conduct Rule:

Penalties for players ejected from 1 or more contests are as follows:

- First Ejection: Minimum penalty of \$300 fine
- Second Ejection: Minimum penalty of \$500 fine and 1 game suspension
- Third Ejection: Minimum penalty of \$750 fine and suspension for the remainder of the season
 - After the first ejection, the student-athlete can complete the online NFHS Captain's Course to reduce the fine to \$100 if completed within 10 days of ejection. This can only be taken 1 time per sport per player.

*****If a student-athlete receives a fine due to an ejection, his/her family will be financially responsible for paying the fine to the AHSAA by submitting payment to the school.**

Consent Agreement:

In witness of our understanding, we have read and agree to all sections of this form. I certify that all information on this form is correct, and the above mentioned student-athlete resides with me at the address listed above.

Parent/Guardian Signature: _____ Date: _____

Student-Athlete Signature: _____ Date: _____

Updated May 2020