

2021-22

MOUNTAIN HOME ATHLETE/PARENT HANDBOOK FORM

Please sign and return to the coach before the first playing date

Date: \_\_\_\_\_

Athlete's First, MI & Last Name (PLEASE PRINT)

ATHLETE'S SIGNATURE

7 8 9 10 11 12
CIRCLE Grade in School for 2021-22 School Year

Parent's Name (PLEASE PRINT)

PARENT'S SIGNATURE

Please check one of the following...

I will use: \_\_\_ Electronic Athlete/Parent Handbook on Athletic Page of the District Website
I will use: \_\_\_ Hardcopy Athlete/Parent Handbook

- 1. We agree to abide by all rules and regulations in the 2020-21 Mountain Home Athlete/Parent Handbook.
2. We hereby give consent for the above named student to compete in approved sports and go with the coach on any approved trips.
3. We give consent, in case an accident or injury occurs, for the coaches to secure treatment at the best facilities available to them. We also give consent for the athletic trainer, physical therapist, or any other support staff at Baxter Regional to treat my athlete.
4. We understand that there is a chance a participant can be injured. It is understood that the school assumes no responsibility in case an accident or injury occurs.
5. We have received and reviewed the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) information sheet and understand its contents. We agree to participate in the ImPACT Concussion Management Program. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity.
6. We have received and reviewed the AAA Concussion in Sports Fact Sheet, the Hydration and Heat Illness information and the MRSA fact sheet for Athletes and Parents.
7. We have received and reviewed the Sudden Cardiac Arrest information sheet and understand its contents.

My athlete is allergic to: \_\_\_\_\_

My athlete's most recent tetanus shot (if known): \_\_\_\_\_

Please list all pre-existing illnesses or injuries that we should be aware of: \_\_\_\_\_

Please list all medications your athlete takes on a regular basis: \_\_\_\_\_

Parent/Guardian's and Athlete's Phone Numbers

Home Mom's NAME Mom Cell
Athlete's Cell Dad's NAME Dad Cell
(PLEASE PRINT) (PLEASE PRINT)

Parent/Guardian's and Athlete's Email Address

Parent's email addresses: (MOM) (DAD)
Athlete's email address:

Student Insurance Information

- 1. Under whose name is student listed:
2. Insurance Company:
3. Group Number:

Emergency Contact (OTHER THAN PARENT):

Name: Phone Number: