



## Middle School Athletics Participation 2019-20 SELECTION & CONSENT FORM

My child, \_\_\_\_\_, has my permission to participate in the following interscholastic sport, club sport, or activity. **Please check one activity each season.**

### Fall Season

<input type="checkbox"/>	Girls' Field Hockey
<input type="checkbox"/>	Boys' Soccer
<input type="checkbox"/>	Girls' Soccer
<input type="checkbox"/>	Coed Cross Country
<input type="checkbox"/>	Study Hall
<input type="checkbox"/>	Dismiss at 3:00pm

### Winter Season

<input type="checkbox"/>	Girls' Basketball
<input type="checkbox"/>	Boys' Basketball
<input type="checkbox"/>	Coed Volleyball (Club)
<input type="checkbox"/>	Martial Arts Club
<input type="checkbox"/>	Study Hall
<input type="checkbox"/>	Dismiss at 3:00pm

### Spring Season

<input type="checkbox"/>	Girls' Lacrosse
<input type="checkbox"/>	Boys' Lacrosse
<input type="checkbox"/>	Coed Tennis
<input type="checkbox"/>	Baseball
<input type="checkbox"/>	Study Hall
<input type="checkbox"/>	Dismiss at 3:00pm

### NOTES:

Some offerings need a minimum number of participants. If the minimum is not reached, we will inform those that were interested and allow them to choose another option.

Requests for changes should be submitted in writing to the Athletic Director by a parent/guardian.

Practices are held Mondays through Thursdays from 3:00 - 4:15 PM. The only exception is that Basketball 'A' Teams will go to a separate Study Hall after school and then practice 4:15 - 5:15 PM.

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I was offered the opportunity to participate in the student accident insurance program as part of contracted enrollment/reenrollment. I understand that this program is optional and limited to the coverage specified in the brochure. I realize that there is a possibility that my child may suffer injury, even serious injury or death as a result of participation in athletics.

I further understand that St. James Academy and St. James Episcopal Church disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances, or paramedics, etc., arising out of or by virtue of an injury to my child while participating in such interscholastic competition or preparation thereof.

Before my child may participate in school-sponsored sport(s), this consent form must be executed by me and filed at the school. By signature below, I declare that my child is physically fit to participate in such school-sponsored activities.

Print Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_