SALEM HIGH SCHOOL
INTRAMURAL AND/OR INTERSCHOLASTIC SPORTS INFORMATION AND AUTHORIZATION FORM

FALL SPORT (Check One):

Grade_____

( ) Cross Country
( ) Football
( ) Golf
( ) Field Hockey
( ) Boys' Soccer
( ) Girls' Soccer
( ) Volleyball
( ) Football Cheerleading

_____
Student's Last Name First Name Middle Initial

_____
Home Address

_____
Parent(s) or Guardian(s) Name(s) Relationship

_____
Telephone Number Date of Birth

_____
Parent(s) or Guardian(s) Name(s) Relationship

_____
Family Health Insurance Plan Policy Number

(Salem High School provides secondary health insurance coverage for all student/athletes injured during the season. This policy only covers costs **after** the athlete's primary insurance has paid. All injuries must be reported to the coach and trainer.)

_____
Family or Athlete's Doctor Telephone Number

In an emergency call: _____
Name Telephone Number

_____
Name Telephone Number

I authorize the Athletic Director and/or Coach and/or Trainer, to act for me according to their best judgment in any emergency requiring medical attention when unable to reach me.

_____
Signature(s) of Parent(s) or Guardian(s)

ATHLETICS PARENTAL CONSENT RELEASE from LIABILITY and INDEMNITY AGREEMENT

We the undersigned father and mother or guardian(s) of _____, a minor, do hereby consent to her/his participation in voluntary athletic programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the City of Salem, a municipal corporation of the Commonwealth of Massachusetts, and its successor, departments, officers, employees, servants, and agents of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses, and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of action for damages which said minor has or hereafter may acquire, either before or after she/he has reached her/his majority resulting or to result from her/his participation in Salem High School's athletic programs. FUTHERMORE, we/I hereby agree to protect the City of Salem and its successors, departments, officers, employees, servants and agents, against any claims for damages, compensation, or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with her/his participation in Salem High School's voluntary athletic programs, and to INDEMNIFY, reimburse or make good to the City of Salem or its successors, departments, officers, employees, servants and agents, any loss or damage or costs, including the attorney's fees, the City or its successors any have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said sport program.

_____ _____ _____ _____
Signature(s) of Parent(s) or Guardian(s) Relationship Signature of Student Date

I (We) have read the Salem High School Handbook regarding Athletics and understand its provisions, terms and the consequences for failure to comply with them. By signing below, I (we) indicate that I (we) agree to be bound by the provisions, and terms and the consequences of the Salem High School Athletic Rules and Regulations.

_____
Signature of Student