



BIG SPRING SCHOOL DISTRICT

PERMISSION TO PARTICIPATE:

Student's Name _____

Grade: _____ Phone: _____

Other Sports _____

I (We) hereby permit my (our) son/daughter to participate in fitness/weight training for the 20__-20__ school year. I (We) understand and assume all risks, which may include, but are not limited to sprains, strains, fractures, ligament or cartilage damage, neck and spinal injuries, and serious injury to muscles, internal organs and/or brain. As part of this agreement to permit my (our) son/daughter to participate in weightlifting, I (we) agree to provide the school administration the following forms:

I (We) acknowledge that we have been properly advised, warned, and cautioned by the Administration and personnel of the Big Spring School District that participation in Weight / Fitness training can result in a serious injury.

Signature / Parent or Guardian

Date

Signature / Student

Date

BIG SPRING WEIGHT ROOM RULES

I, _____ while participating in weightlifting, will abide to the following rules. If at anytime these rules are broken, I forfeit all weight room privileges.

1. There is a ZERO tolerance for violence and/or the use of alcohol, illegal drugs, and tobacco of any kind.
2. Report any injuries whatsoever to the proper staff. (muscle pull, dropped weight on foot, etc)
3. If any machine appears to be unsafe or broken, report it to the proper staff immediately and DO NOT use it.
4. There is a ZERO tolerance for any defacing or destruction of school property as well as stealing.
5. Treat others with the respect and courtesy you wish to receive.
6. The weight room is a place to be serious about improving strength, power, appearance and endurance. Anyone acting inappropriately...i.e. showing off, inappropriate touching, throwing weights, messing up the locker rooms, etc will not be tolerated!!
7. All participants must have a written work out. If you do not have one, one will be provided.
8. All participants must be dressed appropriately (i.e. shorts, t-shirt, socks, sneakers)
NO EXCEPTIONS!
9. Absolutely no food, drink, or gum is allowed in the weight room other than water.

I have read the above rules and agree to follow them during the weightlifting season. I also understand the consequences for any rule violations.

Student Signature

Date

Parent/Guardian Signature

Date

Big Spring School District

Emergency Sheet

Please check your preference regarding your child's name/photograph:

YES NO Student name/photograph may be used in the school paper or local newspaper.
 YES NO Student name/photograph may be used on the school district's web page.

- Emergency card/authorization for each athlete must accompany the athlete at all times.
- The card for each athlete should be carried in the first-aid kit for each sport.
- The card for each athlete should be readily accessible to the coach, trainer, or emergency personnel.
- Prior to the start of each sport, the card for each athlete should be reviewed by the coach/trainer/athletic director or any other medical personnel for completeness.
- Include emergency phone numbers or significant medical history.

Please complete the information below prior to participation in each sports' season:

Name: _____ Date of birth: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Blood Type: _____

In case of accident or emergency, please contact:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Pre-Existing Circulatory/Pulmonary Conditions: _____

Diabetes: _____ Inhalers: _____

Allergies or Allergic Reactions: _____

Medications being used: _____

Date of Tetanus Immunization: _____

Other Pertinent Information: _____

Emergency Contact Telephone Number of Family Physician: _____

Permission to Treat: _____
(Signature of Parent/Guardian)

INSURANCE INFORMATION

A primary excess policy is purchased for each athlete. It is paid for by the Big Spring School District. You are encouraged to have other health insurance. The School District Insurance has some limits and is a primary excess policy. If you have questions, please ask the individual coach or call the Director of Athletics.

- We have additional insurance Yes _____ No _____

Our Insurance Company's Name is: _____

RESPONSIBILITY WAIVER

I will accept responsibility for any financial liability not covered under the Big Spring District Athletic Policy incurred by _____ as a result of an accident or injury while he/she is an athlete of Big Spring School District. I **shall not** subscribe for the school insurance plan since my health and accident insurance coverage will be adequate to provide complete protection.

Parent/Guardian: _____ Date: _____