



BANGOR HIGH SCHOOL ATHLETICS: CONSENT AND ACKNOWLEDGMENT FORM
SCHOOL YEAR: _____

It is the responsibility of the parent/guardian, the student-athlete and the coaching staff to understand the expectations, supports and protections related to participation in the Bangor High School athletic program as established in the provided Bangor School Department Policies: JFC Code of Conduct, JFCI Chemical Health, AC Non-Discrimination & Affirmative Action, JHF Injurious Hazing, JICK Bullying in Schools, as well as Athletic Eligibility requirements and team-based expectations communicated by the coaching staff. This form must be completed seasonally prior to a student participating in athletics and must be updated should any information change during the year.

Parent/Guardian: Please print the following information for each student participating in BHS Athletics

Student's Name: _____ Gender: M F
 Age: _____ Date of Birth: _____ Grade: _____ Date Student Entered Grade 9: _____

Parent/Guardian Name: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Address: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Family Doctor: _____ Office Phone: _____

Athletic Restrictions Known by Parent: _____

Is student currently under a doctor's care or taking any medication? Yes No

If Yes, Please Explain: _____

Insurance Information: All students MUST be covered by health insurance prior to participating in athletics. Families may purchase insurance coverage for this purpose through a local provider. Insurance information must be provided in either Option 1 (existing insurance policy) or Option 2 (purchased insurance) prior to trying out.

Option 1: Existing Insurance Provider: _____ Policy Number: _____
 Option 2: Purchased Insurance Provider: _____ Policy Number: _____

Parental Consent and Acknowledgment: I hereby certify that the student named above may take part in interscholastic athletics for the current school year, which includes practice sessions, participation in athletic events and transportation to and from such events. By signing the bottom of this form, I/we acknowledge having read the policies, regulations and guidelines and having understood that failure to comply with these expectations may lead to disciplinary action(s), including dismissal from the team or program.

Parent/ Guardian Signature: _____ Date: _____

Student-Athlete Acknowledgment: I understand the policies and expectations of participation in BHS Athletics

Student-Athlete Signature: _____ Date: _____