

**REGULATIONS GOVERNING ELIGIBILITY & PARTICIPATION ON ATHLETIC TEAMS AND  
MEDICAL TREATMENT**

I, the student have read the student handbook regulations governing eligibility and participation on athletic teams at McGraw High School. I understand the provisions while a member of any team.

\_\_\_\_\_

Sport

\_\_\_\_\_

Student's Signature

I, the parent/legal guardian, have read the student handbook regulations governing eligibility and participation of students on the athletic teams at McGraw High School. I have reviewed it with my son/daughter. I agree to cooperate with the school personnel in enforcing it as it applies to him/her.

I give my permission for him/her to participate in the stated sport, subject to the standards and provisions stated both at home and away, recognizing that the required activities involved in sports participation hold a potential for physical injury, even fatality.

I have been advised that in the event of injury, my personal accident/health insurance carrier, if any, shall provide primary insurance coverage with the school's Pupil Benefits Plan insurance providing secondary and limited coverage. During this pandemic basketball and volleyball have been defined as high risk sports.

School sports physicals are valid for a twelve-month period. Healthy history updates are necessary before each sport season. Parent, please complete the important information below. Please list your child's medical history covering the past twelve months. All information appearing above the perforated line will remain confidential and secure in the high school health office.

Allergies/Reaction: \_\_\_\_\_

Medical Conditions/Illness: \_\_\_\_\_

Medications: \_\_\_\_\_

Major Dental Work (e.g. caps): \_\_\_\_\_

Contact Lenses: \_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

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(Below: For Use by Coach in case of an emergency)

I give permission for my child \_\_\_\_\_ to receive any first aid and medical treatment if needed while participating in sports activities. Parent, please list any medical conditions, contact lenses, caps, etc.

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Parent's Name (Please Print): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's/Legal Guardian's Signature: \_\_\_\_\_

## McGraw Extra-Curricular Uniform Obligation

It is the policy of McGraw Central School to hold the student participant and his/her parents/guardians responsible for the use, care and return of their uniform during the activity season. Therefore, it is the responsibility of the student to return their uniform, in good condition, within one week of their final event. Until this obligation is met with the returned uniform or replacement charge, the student will not be allowed to participate in their next extra-curricular season.

Replacing individual uniforms with specific number is very a costly procedure. As an example, the replacement charge for ordering a single basketball uniform (1 jersey, 1 pair of shorts) may be as much as \$200, depending upon its availability.

Please fill out the form below and return it to your coach/advisor.

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I \_\_\_\_\_ (student participant) agree to the above responsibilities with regard to my extra-curricular uniform.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Activity \_\_\_\_\_ Level: V JV MOD JH

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Coach's/Advisors Signature \_\_\_\_\_

Date Uniform Returned \_\_\_\_\_