

**PORT JERVIS SCHOOL DISTRICT
SCHOOL COPY**

TO ALL PARENTS OF STUDENTS PARTICIPATING IN THE ALTHLETIC PROGRAM

Pupil/Parent/Coach Responsibilities:

1. In case of an injury, the pupil shall report it to the coach at the time the injury is sustained. When the pupil receives medical attention **notify the school at once.** The school will complete Part 1 of the student accident insurance form and **forward** it to the parent. The parent is responsible for completing and following directions on the form in order to receive any entitled benefits.
 2. The School District insurance is **ONLY IN EXCESS** of those benefits payable under the family and/or employer medical policies of parents. The claim is first filed with your carrier. To insure prompt settlement, please follow the instructions on the Student Accident Form. **The School District insurance may not fully cover all cost. Any excess cost is the responsibility of the parent or guardian.**
 3. Your son/daughter is trying out for an athletic team and should he/she make the squad it may call for a commitment to attend practice and games during school vacations or holidays. It is extremely difficult not to schedule contests or calls for practice during that time period since the school has league and conference commitments. We also feel that in order to prepare our student athletes properly for the high level of competition it is important to maintain a vigorous conditioning program and receive the benefits of coaching at regular practice sessions. All students must be in school by 9:25 AM in order to participate in that day's athletic activities.
 4. It is also understood that your son/daughter will abide by all the rules and regulations set forth by the New York State High School Athletic Association, the Port Jervis School District and training rules established by the coach. Violations of training rules such as smoking, drinking alcoholic beverages or use of illegal drugs will result in the athlete's suspension, and upon investigation, could result in dismissal from the athletic team. Parents will be notified of any action.
 5. Student athletes are expected to work up to their capacity in all subject areas. Failure of two or more subjects will result in review by the Academic Eligibility Committee and an athlete could be placed on suspension from extra-curricular activities and sport teams.
 6. Your son/daughter is responsible for all equipment issued to him/her. At the end of the season the athlete is required to turn back in all equipment. Failure to return equipment or reimburse the district of its loss will prohibit your son/daughter from participating in any other sports.
 7. Parents and athletes should be aware that participating in athletics involves a risk of injury.
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I DO HAVE OTHER MEDICAL INSURANCE _____

I DO NOT HAVE OTHER MEDICAL INSURANCE _____

In accordance with this information, I give consent for _____ to
(Student)
participate in _____ subject to physical examination and approval of the school physician
(Sport)

Date: _____ Parent/Guardian Signature: _____

**Return this signed form to the School Nurse prior to the first practice session
PARENT SIGNATURE REQUIRED ABOVE & ON THE OPPOSITE SIDE OF THIS FORM**