

Please circle sport: Volleyball / Basketball / Wrestling / Track / Fastpitch / Tennis
BHS Intramural Basketball / BHS Intramural Volleyball

Grade _____ BHS _____ CJMS _____ SMS _____ Female _____ Male _____

STUDENT NAME _____

PARENTS/LEGAL GUARDIAN _____

NO SPORTS
PHYSICAL
REQUIRED!

*****For Middle School sports - It is necessary to fill this form out only once during school year. White registration form & fee is per sport. Please pay only for current activity. Sign-ups for other activities will be sent out later.***

BOZEMAN SCHOOL DISTRICT INTRAMURAL PARTICIPATION FORM

PLEASE READ CAREFULLY BEFORE SIGNING!!

The Bozeman School District provides a wide range of interscholastic/intramural activities for both boys and girls. Participation in such activities is voluntary. The School District recognizes that participation in interscholastic /intramural activities can bring the student many rewards.

These activities require that the student make a commitment to the activity, submit to the discipline of the coach or advisor, and develop self-discipline to be able to successfully participate. Participation in these activities often requires considerable physical exertion, physical conditioning, and adherence to training rules and regimens.

The rewards for participation are obvious. Learning to function in a team effort teaches a student important lessons for life. Participation in individual sports teaches self-reliance and commitment. All such activities develop in the student an appreciation for his or her physical abilities and enthusiasm and school spirit. Competition is fun and everyone must learn how to deal with both victory and defeat.

Interscholastic/intramural activities tend to keep the student involved in a constructive endeavor. The District's experience has been that its athletes and members of other extra-curricular activities tend to be good citizens and good students. The District believes that you should encourage your child to participate in these activities and support and encourage him or her during the ups and downs of the particular endeavor.

*The School District will provide supervisors, safe equipment and facilities, and make reasonable efforts to see that the interscholastic/intramural program is safe for your child. Nevertheless, because athletic activity can involve injury to the participants, we must warn you of such dangers.

*Athletic injuries can impair the student's general physical and mental health, the student's ability to earn a living, engage in social or recreational activities and general enjoyment of life. Such injuries can include death or serious physical injury and a possibility of emotional injury. Injury can arise from training room procedures, the administration of first aid, or failure to follow game, training, safety or other team rules.

The purpose of this warning is to aid you in making an informed decision as to whether the student should participate in the intramural activity. Also, its purpose is to make you aware that as a student/athlete and parent or guardian, it is your responsibility to learn about the sport involved and to inquire of coaches, physicians and other knowledgeable persons about any concerns you might have regarding athletic safety and the School District's athletic program.

INSURANCE IS REQUIRED AS NOTED ON REVERSE SIDE. WITHOUT INSURANCE THE ATHLETE WILL NOT PARTICIPATE IN INTRAMURAL SPORTS!!!!!!!

PLEASE FILL IN ALL REQUESTED INFORMATION AND SIGNATURES ON REVERSE SIDE!!! Call Activities Office at 522-6234 if any questions.

I. **PARENTAL AUTHORITY FOR MEDICAL CARE** - We authorize Bozeman School District #7, the athletic trainer, and faculty members or coaches in charge of the student to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency medical treatment to the athlete referenced under student signature.

II. **EMERGENCY INFORMATION** - In the event of an emergency, the following two people may be notified: (**Parents Information first**, then other if needed.)

1. NAME _____ Relation to Athlete _____

PHONE (work) _____ (home) _____ (cell) _____

2. NAME _____ Relation to Athlete _____

PHONE (work) _____ (home) _____ (cell) _____

III. **PHYSICIAN** - The name of the student's doctor is:

NAME _____ PHONE _____

IV. Bozeman School District **DOES NOT** provide medical insurance benefits for students who choose to participate in the intramural programs. **Medical insurance MUST be provided in order for the student to participate.** The Activities Office can provide an application for an insurance company that provides coverage for school sports and is inexpensive.

V. **VERIFICATION OF INSURANCE** - The athlete is covered with the following health insurance:

Name of Insurance Co. _____ Policy # _____

ACKNOWLEDGMENT OF RISKS

We have read the foregoing athletic participation form and the warning about the risks of injury or death. In consideration of the Bozeman School District's permitting my child or ward to participate in its athletic/intramural programs and to engage in all activities relating to the event, we recognize and assume the risks which are inherent in the sport.

BOTH PARENTS OR LEGAL GUARDIANS MUST SIGN THIS FORM. IF ONLY ONE PARENT /GUARDIAN IS LIVING OR HAS SOLE LEGAL CUSTODY, THEN ONLY THAT PERSON NEED SIGN. THE SIGNING PARENT /GUARDIAN IS OBLIGATED TO NOTIFY THE NON-CUSTODIAL PARENT /GUARDIAN OF THE CONTENTS OF THIS DOCUMENT.

Student/

Athlete's Signature _____ **Date** _____

Parent/Guardian Signatures _____ **Date** _____

Address _____ **Zip** _____ **Phone** _____