



## Athletics Waiver

I am aware that practicing and participating in any sport can be a dangerous activity involving many risks of bodily injury. Due to the dangers of participating in sports, I recognize the importance of following school rules, etc. and agree to obey such instructions.

In consideration of The Blue Hill Consolidated School permitting me to engage in all activities related to the team, including but not limited to trying out, practicing, participating in that sport, I hereby assume all the risks associated with participation. In addition, I agree to release and hold Blue Hill Consolidated School, Blue Hill Consolidated School Committee, BHCS Employees and volunteers harmless from any and all claims arising from any injury or harm in connection with my participation in any activities related to Blue Hill Consolidated School's athletics.

SPORT(S): \_\_\_\_\_

I agree to report all necessary health information to the coach and to report all sports related injuries to the coach within 24 hours of their occurrence.

Also, I will allow my child \_\_\_\_\_, to participate in Blue Hill Consolidated School's athletic programs.

\_\_\_\_\_  
(Student signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Parent/guardian signature)

\_\_\_\_\_  
(date)



## Emergency Information

In case of accident or serious illness, I request the coach contact:

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Name of Parent/Guardian

Phone Number

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Name if unable to reach Parent/Guardian

Phone Number

If the school is unable to reach me, I hereby authorize the school to obtain all necessary medical care for my child and to make whatever arrangements seem necessary.

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Parent/ Guardian signature

Date

Name of Student: \_\_\_\_\_

Remarks, please list any allergies and/or conditions: