Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                           Grade:\_\_\_\_\_

                                                                                               Student ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_

          SAN MARCOS MIDDLE SCHOOL ATHLETIC HANDBOOK GUIDELINES AGREEMENT

Initial each section showing that you have read, agree to and understand the following sections of the San Marcos Middle School Athletic Handbook.

VIII.  Permission for Treatment \_\_\_\_\_ (parent/guardian)

IX.  Insurance and Physical  \_\_\_\_\_ (parent/guardian)

Insurance Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XII. Concussion Information Sheet  \_\_\_\_\_ (parent/guardian) \_\_\_\_\_ (athlete)

XIII. Parent Authorization for Student to Participate in a One-day or Seasonal Activity.  \_\_\_\_\_ (parent/guardian)

XVI. Parent/Student Authorization for Use of Private Vehicles for Student

Transportation **\_\_\_\_\_** (parent/guardian)

**I have reviewed a copy of San Marcos Middle School Athletic Handbook, and I agree to abide by the guidelines described therein.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name (printed) Student Athlete Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (parent/guardian) Signature (athlete)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (parent/guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date   Sport(s)