NAME _____
Last Name First Name

				Kirkwood Use Only

_____
School attended last year other than Kirkwood Grade

KIRKWOOD HIGH SCHOOL ATHLETIC RESPONSIBILITY ACKNOWLEDGEMENT

Prior to participating in any practice or tryout sessions for any interscholastic sport, each athlete must:

1. successfully pass a physical examination by a registered physician. The physical should be administered after February 1st of the previous school year and is valid for all sports for the present school year. The completed KHS Physical Form will remain on file in the nurse's office.
2. Provide proof of basic accident insurance for the current school year.
3. Read and understand all aspects of this form, secure parent/guardian signatures, and return it with your physical form to the school nurse's office.
4. Read and understand the Kirkwood High School Code of Conduct form. (You may obtain a copy of this form in the Athletic Office.)

As a Kirkwood High School student-athlete representing Kirkwood High School and Kirkwood High School Athletics by participating voluntarily in interscholastic athletics, I agree to:

1. Abide by rules as stated in the Kirkwood High School Interscholastic Code of Conduct, Student Handbook, the coach's team rules, and the rules of the Missouri State High School Activities Association.
2. Conduct myself in an exemplary social manner at all times.
3. Be responsible for all athletic equipment issued to me throughout the season by caring for it during the season and returning such equipment at the conclusion of the season. I understand that I am responsible for the current replacement cost of any equipment that I have been issued that is lost or damaged and that amount is to be paid by the end of the season.
4. Refrain from the use or possession of tobacco, alcohol or narcotics. Please refer to the Kirkwood High School Code of Conduct form for disciplinary actions which pertain strictly to student-athletes.

I acknowledge that I am exposing myself to the risk of injury, including but not limited to the risk of sprains, fractures and ligament and/or cartilage damage. I further understand this damage could result in temporary or permanent, partial or complete impairment regarding the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in athletics and do so with full knowledge and understanding of the risk of injury. I have read and understand the information stated above, as well as the information provided in the Kirkwood High School Code of Conduct. I have shared this information with my parent/guardian. I understand that as a student-athlete, I am representing Kirkwood High School and Kirkwood High School Athletics. I will conduct myself in an exemplary manner both on and off the field of competition exhibiting good sportsmanship, athletic and academic leadership and conviction. By signing below, I agree to follow all provisions as stated on this form.

Athlete Signature _____Date_____ **Parent/Guardian Signature** _____Date_____

I have read and understand the guidelines expected of the student-athletes who participates at Kirkwood High School and will support those guidelines.

PARENT/GUARDIAN PERMISSION & EMERGENCY CARE PERMIT

I hereby give consent for _____ to represent his/her school in interscholastic athletics. I also understand and agree to support all of the provisions of the Athletic Code. I give my consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or returning from another school or during practice or an interscholastic contest. If I cannot be reached and in the event of emergency, I also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonable necessary for the welfare of the student if he/she is injured in the course of school athletic activities. I understand that the school may not provide transportation to all events, and my child may drive his/her vehicle in such a situation. The MSHSAA Bylaws also provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic athletic insurance coverage. My son/daughter is covered by basic accident insurance for the current school year under:

(COMPANY) Policy Number _____ ☐ My child is not currently covered by insurance.

I hereby give my permission to the attending physician to administer emergency care to this student who suffered an injury while participating in the interscholastic activities program of the Kirkwood School District.

Date _____ Grade _____ Date of Birth _____ Home Phone _____

Address _____ Zip _____ Emergency Phone Numbers (in order) _____

Family Doctor's Name _____ Doctor's Phone _____ Dentist/Orthodontist Name/Phone _____

Medical Concerns _____ Known Allergies _____ Current Medications _____

Parent/Guardian Signature _____ Date_____