

**BELLEVILLE HIGH SCHOOL
MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION
PARTICIPATION CONSENT FORM**

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than Twenty-five dollars (\$25.00) for participating in athletic event, nor have I ever competed under an assumed name. After I have represented my high school in any sport, I will not to compete in any outside athletic contest in this sport until after the high school season has been completed. I have received and read a copy of the BHS Athletic Code of Conduct. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not represent all the policies to which I am subject.

Signature of Student _____ Date _____

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I hereby give my consent for the above high school student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips. I understand that, on some occasions, coaches will assign athletes to ride with SELECTED-APPROVED DRIVERS to athletic events in privately owned cars. I have read a copy of the BHS Athletic Code of Conduct and I understand that my son or daughter will be expected to adhere firmly to all established athletic policies of their individual sport, of the school district and the Michigan High School Athletic Association.

Signature of Parent or Guardian _____ Date _____

INSURANCE STATEMENT

The Van Buren School District is not responsible for payment of medical bills for injuries incurred while playing interscholastic athletics. Families are required to have proper medical coverage on those students who participate in our program. If a student does not have medical coverage, he/she will not be allowed to participate. Medical coverage may be purchased through our Athletic Department. The plan is underwritten by the Guarantee Trust Life Insurance Company. The agent is First Agency, Inc., 5071 West H Avenue, Kalamazoo, Michigan 49909-8501. If you need further information, contact your coach or the Athletic Office at 734 697-0016.

We have sufficient medical coverage through (list the name of insurance company) _____

Signature of Parent /Guardian _____ Signature of Student _____

This form must be on file in the high school athletic office before practicing with any athletic team.