

**Maine School Administrative District # 54**  
**Athlete Insurance Information**

(Good for the 3 sport seasons in 1 calendar school year)

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**\*\*\* It is the responsibility as a parent / guardian to inform the school's office staff, in writing, if any personal information regarding your child has changed. \*\*\***

**SAMS ATHLETIC CODE—STUDENT/PARENT PLEDGE**

(Good for the 3 sport seasons in 1 calendar school year)

I, the undersigned, have read and fully understand the Athletic Code, which is located in my student handbook, on the athletic website or available upon request, and abide by it.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sport \_\_\_\_\_ Grade \_\_\_\_\_

I, as a parent/guardian of \_\_\_\_\_, have read the rules and policies set forth for athletic participation by the Skowhegan Area Middle School Athletic Code (located in the student handbook, on the athletic website or available upon request) and support my son or daughter's participation under these conditions. I will do my part in seeing that he/she follows these rules and regulations and will support any consequences as dictated in the Athletic Code. I further realize that practicing and playing a sport can be a dangerous activity involving many risks of injury. Because of the risk of injury inherent in participation, I also give permission to the attending physician and/or athletic trainer to give first aid and emergency treatment to my son or daughter should he or she require such assistance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_