

**WINNACUNNET HIGH SCHOOL ATHLETIC DEPARTMENT**

**Signature on this form indicates that the student athlete and parent(s) or guardian(s) agree to abide by the athletic policies of Winnacunnet High School and the New Hampshire Interscholastic Athletic Association (NHIAA).**

I hereby acknowledge that I (student and parent/guardian) have read the athletic rules and regulations of Winnacunnet High School. I agree to abide by the rules and regulations set forth for *any* and *all* sports I participate in at Winnacunnet High School during the *fall, winter and/ or spring sport seasons* during the *2008-2009* school year.

I give my consent for my child to engage in approved sports activities and receive transportation to and from athletic events as a member of the team on its out of town trips. I also understand that participation in athletic activities creates risks normally associated with such vigorous activity and/or involves bodily contact. I give my permission to the appropriate school staff member or medical personnel to render emergency treatment, if required, when associated with athletic injury or illness.

**INTERSCHOLASTIC ATHLETIC INSURANCE**

Accident or injury insurance will be made available to those students engaging in any school activity, except football, at the option and expense of the parent or guardian of each student. Parents/guardians are urged to take advantage of this insurance coverage for those students taking part in athletic activities or to provide a parental release.

\_\_\_\_\_  
PRINT Name of Student

Check one:

\_\_\_\_\_ has sufficient insurance coverage at home and I release the school from any financial liability which might result due to an injury while participating in the athletic program at Winnacunnet High School.

\_\_\_\_\_ is enrolled in the insurance program at school.

**RELEASE OF CONFIDENTIAL INFORMATION**

This authorizes any police department the Principal and Athletic Director of Winnacunnet High School any verbal or written information which represents a violation of the provisions of this contract.

It is understood that such information will be held in the strictest confidence by the Principal and Athletic Director of Winnacunnet High School.

**In order to participate in the Winnacunnet High School Athletic Program parents/guardians and athletes must sign this contract. Signature indicates comprehension of all information listed above.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student-athlete

\_\_\_\_\_  
Date

Please complete this form by listing *all* sports you anticipate playing during the school year.

\_\_\_\_\_  
Fall sport

\_\_\_\_\_  
Winter sport

\_\_\_\_\_  
Spring sport