

**THE ATHLETIC CODE**  
Revised 07/11  
**LISBON CO-CURRICULAR CONTRACT**

ATHLETE'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

MALE PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

FEMALE PARENT/GUIDIAN PRINTED NAME

\_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

PARENT/GUARDIAN WORK PHONE#

I give permission for \_\_\_\_\_ to participate in the following interscholastic athletic activities at Lisbon High School. I understand that these activities are approved by the Lisbon School Committee and by the Maine Principals' Association.

PLEASE CIRCLE THE ACTIVITIES FOR WHICH YOU GIVE PERMISSION

ANIMECLUB	COMMUNITY SERVICE CLUB	OUTING CLUB	STUDENT GOVT.
ART CLUB	CROSS COUNTRY	S.A.D.D.	TECH CLUB
BASEBALL	DRAMA	SCIENCE OLYMPIAD	TENNIS
BASKETBALL	FIELD HOCKEY	SCRABBLE CLUB	TRACK
CHEERING	FOOTBALL	SOCCER	WRESTLING
CHESS CLUB	ICE HOCKEY	SOFTBALL	YEARBOOK

I understand that it is the responsibility of each incoming Freshman and Junior to obtain a complete physical examination from a licensed doctor of medicine or osteopathy. Physicals are good for two years. No student will be allowed to participate or try out for a sport until proof of a physical examination, proof of insurance, and a signed contract is submitted.

I give permission for the designated person, authorized by the Lisbon School Committee, assuming the supervisory role, to secure medical aid" I also understand that it is the responsibility of each participant to provide proof of accident insurance coverage to participate in interscholastic athletic activities at Lisbon High School. No waivers of insurance will be accepted. If there is no proof of insurance, the student will not be allowed to participate. My daughter/son is covered by the following insurance program:

NAME OF INSURANCE COMPANY

\_\_\_\_\_

POLICY NUMBER

\_\_\_\_\_

Please list the name and telephone number of a person who may be reached in an emergency in the event that the parent or guardian cannot be reached:

PRINT NAME \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE# \_\_\_\_\_

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Involvement in co-curricular activities may lead to injuries that can have a short-term or long-term effect on the student. The Co-Curricular Department, therefore, recommends that you follow these guidelines to insure for less chance of injuries:

1. Learn the fundamental skills involved in your activity. Work on them carefully.
2. Listen carefully to your coach/advisor. Ask questions if you don't understand.
3. Always warm up and stretch prior to participating in any co-curricular activity.
4. Work hard to be in top physical shape.
5. Report all injuries no matter how small to your coach/advisor.

**WE UNDERSTAND THAT THE LISBON SCHOOL COMMITTEE, ITS AGENTS, SERVANTS, OR EMPLOYEES CANNOT BE HELD RESPONSIBLE FOR ANY INJURY OCCURRING AS A RESULT OF PARTICIPATION IN THE CO-CURRICULAR EVENT, AND THAT THERE ARE INHERENT DANGERS AND RISKS IN PARTICIPATING IN ANY CO-CURRICULAR EVENT. WE HEREBY ACCEPT THESE INHERENT DANGERS AND RISKS. WE HEREBY AGREE TO NOTIFY THE HIGH SCHOOL OF ANY CONCERNS OR PROBLEMS THAT EITHER OF THE UNDERSIGNED SEE REGARDING THE CO-CURRICULAR EVENT(S).**

It is the belief of the Co-Curricular Department of Lisbon High School that it is an honor and privilege to be a member of any co-curricular team/club in Lisbon. All members of a team/club are representatives of not only their team/club but of their school as well. In view of these facts, the preceding regulations have been established for all team/club members. Any student receiving this contract from a coach/advisor or school official agrees to abide by these stipulations.

By signing this, both the parent/guardian and the student acknowledge that they have read, understand, and agree to abide by the stipulations set forth in the Lisbon High School co-curricular contract and Lisbon High School Co-Curricular Department policy.

**This contract is valid for the entire school year 2011-2012 starting August 15th and ending the last scheduled activity for your respective sport/activity.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Coach/Advisor

\_\_\_\_\_  
Date