

**RICHLAND SCHOOL DISTRICT**  
**ATHLETIC PROFILE SHEET – MIDDLE SCHOOL STUDENTS**  
**SCHOOL YEAR: \_\_\_\_\_**

**GENERAL INFORMATION**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

YEAR IN SCHOOL {7} {8}

PARENT/GUARDIAN'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE(S) \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- \_\_\_\_\_ Is the student currently living with parents or legal guardians?  
\_\_\_\_\_ Does the student live in the Richland School District?  
\_\_\_\_\_ Did the student attend another school outside the Richland School District last year?

If so, name of previous school: \_\_\_\_\_

Address and city: \_\_\_\_\_

**SPORTS OFFERED**

The Richland School District offers the middle school interscholastic sports listed below.

**Please circle only those sports for which consent is given to participate:**

**FALL:** FOOTBALL VOLLEYBALL CROSS COUNTRY

**WINTER I:** BOYS BASKETBALL DANCE

**WINTER II:** GIRLS BASKETBALL WRESTLING

**SPRING:** BASEBALL FAST PITCH TRACK

**SAFETY INFORMATION**

To become aware of the inherent risks of athletic competition: (check one)

- \_\_\_\_\_ I plan to attend a risk management information meeting.  
\_\_\_\_\_ I have reviewed written materials provided by the school.  
\_\_\_\_\_ I am aware of the inherent risks and choose not to attend a meeting or review written materials.

**ATHLETIC ACCIDENT PLAN COVERAGE**

It is required that participants in interscholastic athletic activities carry insurance for injury and/or accident. Many private insurance policies and employer sponsored group insurance plans DO NOT cover interscholastic athletic related injuries. ONE OF THE TWO OPTIONS below must be completed to be eligible to participate in our interscholastic athletics.

\_\_\_\_\_ **OPTION ONE** - I HAVE ACCIDENT/MEDICAL INSURANCE that covers my son/daughter when he/she is involved in interscholastic athletics.

Our insurance company is \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_ **OPTION TWO** - School insurance has been purchased to cover my son/daughter involved in interscholastic athletics. Check the plan purchased and date purchased:

( ) 1. 24-Hour Plan

( ) 2. School Time Plan Date Purchased: \_\_\_\_\_

**PHYSICAL** (A copy of physical examination report must be on file at school.)

Date of last physical \_\_\_\_\_

Physical problems the school should be aware of: \_\_\_\_\_

**EMERGENCY INFORMATION**

Home Phone: \_\_\_\_\_ Work Phone(s) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

In the event of serious injury and your family doctor cannot be contacted and we are unable to contact one or the other parent, does the coaching staff have your permission to seek medical attention from the nearest physician?

( ) **YES** ( ) **NO** If your answer is "NO", please state the procedure you wish the coaching staff to follow: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT FOR PARTICIPATION**

I hereby give consent for my son/daughter to participate in the interscholastic sports I have identified. Our signatures indicate that the above information on the athletic profile sheet is accurate. We have read and understand the attached "Interscholastic Activities Participation Agreement". We fully understand the consequences in the event of a violation on the student's part.

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

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