



**STUDENT ATHLETE DEMOGRAPHICS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ District Enrollment Date: \_\_\_\_\_

Place of Enrollment: ( ) BAHS ( ) BAMS OTHER: (i.e. - Cyber, Charter, Home) \_\_\_\_\_

Grade for the 2019-2020 School Year: 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Have you repeated any grades since 7<sup>th</sup> grade? YES NO

If so, which grade(s)? \_\_\_\_\_

Please indicate which sport below: (i.e.: Girls Soccer, Boys Basketball, Track and Field)

FALL Sport: \_\_\_\_\_ WINTER Sport: \_\_\_\_\_ SPRING Sport: \_\_\_\_\_

Which years have you competed in this sport for BA SD? 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Which years at another PIAA school district? N/A 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

District: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

**BELLEFONTE ATHLETE HANDBOOK SIGN-OFF**

The current Athlete Handbook is available on-line. Go to the Bellefonte Area School District web site; from there go to the Athletic web page and the link to the handbook is located on the left side of the page.

By signing below, I confirm that I have read and understand the current Athlete Handbook for the Bellefonte Area School District.

\_\_\_\_\_  
(Parent/Guardian Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Athlete's Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Check here if you would like a paper copy of the current handbook.



BELLEFONTE AREA SCHOOL DISTRICT  
CONSENT FOR EMERGENCY MEDICAL TREATMENT

Athlete's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of an emergency requiring medical attention, I expect every measurable attempt be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician, dentist, or other medical personnel designated by the Bellefonte Area School District's Sport's Medicine staff to attend to my child. I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

This authorization does not cover major surgery unless formally decreed prior by two licensed physicians or dentists.

Facts concerning my child's medical history including allergies, medications being taken and physical impairments to which medical personnel should be alerted to: \_\_\_\_\_

Check One: \_\_\_\_\_ I GIVE MY CONSENT OR \_\_\_\_\_ I DO NOT GIVE MY CONSENT

Parent/Guardian Signature: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

In the event emergency treatment is required, I wish medical personnel to take the following action: \_\_\_\_\_ Dr.: \_\_\_\_\_ Ph: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Ph: \_\_\_\_\_  
Emergency Contact(s): \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

BELLEFONTE AREA SCHOOL DISTRICT  
MEDICAL INSURANCE INFORMATION AND WAIVER

This is to certify that my son/daughter \_\_\_\_\_ a student at the Bellefonte Area Schools, who is participating in the interscholastic athletic program, is covered with medical insurance under my personal policy or at my place of employment. (Note: Please check to determine that your hospitalization will cover participation in interscholastic sports, if your child is not covered by an insurance policy the district recommends the purchase of school insurance.) I hereby waive any claim against the Bellefonte Area School District resulting from failure of the District to cover him/her with such medical insurance and assume all liability therefore.

\_\_\_\_\_ I certify that my son/daughter is covered with medical insurance for the period of \_\_\_\_\_ to \_\_\_\_\_ and have signed and completed requested insurance information.

\_\_\_\_\_ My son/daughter is not covered by medical insurance at this time, however in the event that coverage is obtained I will notify the Athletic Trainer and provide the appropriate insurance information. (Parent/Guardian signature and date needed on following line.

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

Insurance Company: \_\_\_\_\_ Employer: \_\_\_\_\_

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



ACKNOWLEDGEMENT OF RISK

As with any physical activity, I am aware that with the participation in sports there lies a potential risk of injury. I am aware that giving consent to my child for participation in the interscholastic athletic program there is a risk of injury to my child and this risk increases with participation in contact sports.

I acknowledge and accept the risks inherent in my child's sport(s) and with the travel involved. With this knowledge in mind, I grant permission for my child to participate in the Bellefonte Area School District's interscholastic athletic program.

Parent/Guardian Signature: \_\_\_\_\_

I have read the above paragraphs and fully understand the content and agree to take on the responsibility to follow the coach or athletic trainer's instructions in order to reduce the possibility of serious injury.

Student Athlete's Signature: \_\_\_\_\_

I, the undersigned and legal guardian of \_\_\_\_\_, acknowledge and understand that as a member of one of the Bellefonte Area School District sports teams that student-athletes being dismissed early from school for events may walk on School Street between the Middle School and High School without school personnel supervision.

Student-athletes are to exit their respective building through the main entrance. Upon exiting, they are to walk directly from the Middle School to the High School or vice-versa with no stops along the way. Student-athletes should use the sidewalks and pedestrian walkways obeying traffic rules.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date