



Vallivue Middle School
Falcons Activities



ACKNOWLEDGEMENT AND AGREEMENT TO ABIDE BY ALL
VALLIVUE MIDDLE SCHOOL ACTIVITES POLICIES
PARENT CONSENT TO TREAT

ATHLETE NAME – **PLEASE PRINT** _____

SCHOOL ATTENDED LAST YEAR _____

CURRENT GRADE LEVEL: 6 7 8 (Circle One)

ACTIVITIES YOU PLAN TO PARTICPATE IN: _____

We have read and understand the following information included in the Sage Valley Middle School Activities packet.
(CHECK OFF COMPLETED ITEMS)

- NOTICE OF RISK
- ADMINISTRATIVE PROCEDURES & REGULATIONS FORM
- ACADEMIC ELIBIBILITY
- GRADING POLICY
- CONCUSSION INFORMATION (**Please Read Completely**)
- INTERIM QUESTIONNAIRE AND EMERGENCY CONTACT FORM (**Please Fill Out**)
- PHYSICAL FORM (**If needed**)

CONSENT TO TREAT AND PARTICIPATE

Our signatures below indicate we have read the entire packet of Sage Valley Middle School Activity information and agree to abide by the information provided as an “activity participant” at Sage Valley Middle School. We also agree to the Consent and Treat and Participate.

(Parent or Guardian and Student Permission Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any eligibility rules and regulations of the State Association.

SIGNATURE OF PARTICIPANT : _____ **Date :** _____