

**Limestone Community School**  
**Maine School of Science and Mathematics**

Student Participation and Parental Approval Form

I. Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

- |                                   |  |                                     |                                     |
|-----------------------------------|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Soccer   | <input type="checkbox"/> Cross-Country   | <input type="checkbox"/> Golf       | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Cheerleading    | <input type="checkbox"/> Baseball   | <input type="checkbox"/> Softball   |
| <input type="checkbox"/> Tennis   | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball |                                     |

This application to compete in interscholastic activities is voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Maine State Principals Association.

- II. Students who desire to participate in interscholastic activities at Limestone Community School or The Maine School of Science and Mathematics are required to conduct themselves in a manner that will bring credit to their community, school, and to themselves. Rules that must be adhered to include: (1) No smoking or chewing of any tobacco substance during the sports season, on or off school property; (2) No use of drugs which include alcohol and other harmful, illegal narcotics. Violation of the above rules will result in a complete dismissal from the team. Remember, your participation in athletics is a privilege and not a right.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parental Approval**

- I. "I hereby give my consent for the above named student to: (1) represent the school in athletic activities, provided such athletic activities are approved by The Maine State Principals Association; (2) Accompany any school team, of which he/she is a member, on any of its local or out of town trips. I authorize the school to obtain, through a hospital or a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or travel. I also agree not to hold the school or anyone else acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or travel."
- II. It is the policy of the Limestone School Committee that all students who participate in interscholastic activities have a physical examination and be covered by accident insurance, at least the equivalent of the policy adopted by the school department. Please check one of the following statements and sign.
- The school policy has been purchased.
  - I have an equivalent policy that provides equal coverage that is presently in effect and will be maintained in effect throughout the time that the above-named student participates in interscholastic activities.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_