

Bonduel Schools
Athletic and Activity Code Pledge Sheet

These forms must be completed and submitted to the Athletic Director prior to a student being declared eligible to practice and compete.

I have read the School District of Bonduel School Athletic and Activity Code. My signature below indicates that I understand the code and agree to abide by the rules and procedures set forth in the code. I accept full responsibility for any of my actions that may be deemed as a violation of the code and understand the consequences for such actions. I also agree to abide by any changes in the code once they are approved by the Board of Education of the Bonduel School District even if these changes occur after I have originally signed the pledge sheet.

Student's Signature

Student's Name

I as the parent/guardian of the above named student have read the School District of Bonduel School Athletic and Activity Code. I understand and accept my responsibility to help encourage my son/daughter to abide by the code and pledge to do everything in my power to do so. My signature also gives my son/daughter permission to participate in the activities and athletic programs of the Bonduel High School. I also give permission to have first aid and emergency medical treatment given to my child, if such assistance is required.

Parent's Signature

Parent's Name

Emergency Information

Student's Name: _____ Date of Birth: _____ Grade: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name of Doctor or Doctor's Office: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Contact Person when parents can't be reached: _____ Phone: _____

Allergies: _____

Medications: _____

Medical Conditions/Concerns: _____

Date of last Tetanus Shot: _____

I hereby authorize school personnel to call a physician, dentist, or emergency vehicle if an emergency exists. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this information will be shared with all school personnel that need to know this information to protect the life and safety of said child.

I further authorize emergency treatment to be initiated at the medical facility to which my child is transported. I do hereby indemnify and hold harmless the physician, hospital and other persons who act in reliance upon this authorization.

PARENT/GUARDIAN SIGNATURE _____ DATE _____