



# MIDDLE SCHOOL ATHLETICS REGISTRATION FORM

Before completing this form, please have your child present. They will be required to sign the Heads Up Concussion Fact Sheet portion of this form. Please return this form to your school's main office.

			___/___/___
Student First Name	Student Last Name	Student ID #	Date of Birth

<input type="radio"/> Male	<input type="radio"/> Female	Age: _____	Grade: _____	Middle School Attending: _____
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Parent / Guardian Name(s)	Day Phone #	Evening Phone #	Cell Phone #

Address	City	Zip	Parent E-mail

## I. Emergency Contact Information (IF DIFFERENT FROM ABOVE)

Parent / Guardian Name(s)	Day Phone #	Evening Phone #	

Address	City	Zip	Parent E-mail

Doctor Name	Phone	Hospital Preference	Phone

## II. MEDICAL INSURANCE ACKNOWLEDGMENT

	Grade: _____	
Student's Name		Middle School Attending

### PLEASE CHECK ALL THAT APPLY:

<input type="radio"/>	I (we) the undersigned, feel we have adequate insurance protection for our daughter/son and will assume all responsibility for injuries incurred while participating for, or participating in interscholastic sports
<input type="radio"/>	An ambulance may be called if needed and we will be liable for expenses involved.
<input type="radio"/>	I (we) do not have insurance, but will not hold the school, the coach or the Des Moines Public School District liable for the injury incurred.

Des Moines Public Schools do not carry insurance on extracurricular activities for individual students. Contact the Main Office of your student's school building if you are interested in information on the HAWK—I insurance plan.

## III. INJURY RISK / PARENT PERMISSION

My son / daughter has permission to participate in ALL school district athletic programs.  Yes  No

Do not allow participation in the following sports:

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## IV. PHYSICAL EXAMINATION FORM

In accordance with the Iowa High School Athletic Director's Association, any student participating in activities is required to have a CURRENT sports physical. The form must be completely filled out, front and back. The form MUST be signed and dated by parent/guardian, as well as, signed and dated by the physician performing the examination. Any forms submitted to the office incomplete will be considered invalid and returned for completion. Physical forms need to be submitted annually (forms are valid for 13 months).

## V. Sport(s) Participation (Please select all the sports your child will participate in for the current school year.) **\$10 PER SPORT**

Fall			Winter			Spring		
<input type="radio"/>	Football (Aug—Oct)	8th	<input type="radio"/>	Wrestling (Oct—Dec)	7th & 8th	<input type="radio"/>	Track (boys & girls) (Mar—Apr)	7th & 8th
<input type="radio"/>	Volleyball (Aug—Oct)	7th & 8th	<input type="radio"/>	Girls Basketball (Oct—Dec)	8th	<input type="radio"/>	Boys Soccer (Apr—May)	7th & 8th
<input type="radio"/>	Cross Country (Aug—Oct)	7th & 8th	<input type="radio"/>	Boys Basketball (Jan—Feb)	8th	<input type="radio"/>	Girls Soccer (Apr—May)	7th & 8th
<input type="radio"/>	Cheerleading (Fall & Winter)	7th & 8th	<input type="radio"/>	Girls Swimming (Oct—Dec)	7th & 8th			
<input type="radio"/>	Intramurals (All year)	6th	<input type="radio"/>	Boys Swimming (Jan—Feb)	7th & 8th			

Number of Sports \_\_\_\_\_ X \$10.00 per sport = \$ \_\_\_\_\_ (Cash or Check payable to Des Moines Public Schools)

## VI. CONCUSSION PARENT FACT SHEET (Student Signature required below)

**IMPORTANT:** Students participating in interscholastic athletics, cheerleading and dance; and their parent/guardians; must sign the acknowledgement below. Students cannot participate or compete in those activities until this form has been signed. See the HEADS UP: Concussion in High School Sports flyer attached, on the district website, or posted in main office.

**We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."**

Student Signature

## VII. PARENT SIGNATURE

If you have an Infinite Campus Parent Portal Account, you may pay your athletic fees online. If you do not have a Parent Portal account, please contact the office manager of your child's school building. After completing this form, you will be provided a link to the DMOS online payment page. After logging in with you Infinite Campus Parent Portal account information, you may pay the corresponding fees associated with the sports your child will participate in for the current school year. If you prefer to drop off cash, a check or money order, please make the check payable to Des Moines Public Schools and deliver it to your child's school building main office.

**\*\*NO REFUNDS WILL BE ISSUED AFTER THE FIRST WEEK OF THE SEASON\*\***

I (we) have received the information provided on the concussion fact sheet titled, "**HEADS UP: Concussion in High School Sports.**"

I (we) understand that accident may occur in athletics even though normal acceptable safety precautions have been taken. My son/daughter has permission to practice and compete in the interscholastic program.

I hereby approve of my child's participation in this athletic program and certify that my child is in good health and able to participate in the program activities. Also, I certify that my child has adequately insured against injuries. I authorize the staff to act for me according to their best judgement in any emergency requiring medical attention.

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

\_\_\_\_\_  
Date