

James Madison Preparatory School Extracurricular Handbook

LETTER OF UNDERSTANDING AND CONSENT 2024-2025

We have read and understood the James Madison Preparatory School Extracurricular Handbook. We agree to abide by the rules explained therein.

Parent Initials Student Initials

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TRAVEL PERMISSION – JAMES MADISON PREPARATORY SCHOOL

Please check as many as apply:

- I am available and willing to drive students to games and other activities. Please contact me.
- I give permission for my child(ren) to ride with the parent of another student to and from activities.
- I will not hold James Madison Preparatory School responsible for any accidents that may occur.
- I give permission for my child(ren) to ride with James Madison Preparatory School staff to and from activities.
- I will not hold James Madison Preparatory School responsible for any accidents that may occur.
- I give permission for my child(ren) to ride with another student (a licensed driver) to and from activities. I will not hold James Madison Preparatory School responsible for any accidents that may occur.

----OR----

I do not give permission for my child(ren) to ride with other parents, other students, or James Madison Preparatory School staff to and from activities. I will arrange all transportation for my child(ren). I understand that tardiness and/or absences may result in dismissal from the team.

Parent/Legal Guardian’s Signature

Student’s Signature

Student’s Name Printed: _____

Parental Consent Form 2024-2025

Name _____ Age _____ Birth Date _____
Address _____ Phone _____
City _____ State _____ Zip _____
School _____ Grade _____
Parent(s) Daytime Phone _____
To Whom It May Concern:

I/We, the undersigned, do hereby give permission for my/our child, _____, to attend and participate in James Madison Preparatory School extracurricular activities for the 2024-2025 school year. I/We will notify the Head Coach/Sponsor if there are any extracurricular activities in which we do not want our child to participate.

I/We authorize an adult in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or medical treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned student pursuant to this authorization.

The undersigned also hereby give(s) permission for my/our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this activity sponsored by James Madison Preparatory School.

This parental consent form is good for the period indicated above only.

Hospital Insurance Yes _____ No _____
Insurance Company _____
Policy Number _____

Emergency Phone Numbers _____

Participant's Signature

Parent/Guardian' Signature

On an additional attached page, please list any allergies or medical problems your child may have.

PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous activities in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONGTERM CATASTROPHIC INJURY. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this permission form, we acknowledge that we have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for _____ (student) to compete in athletics for James Madison Preparatory School approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility, and the school has a copy of the CAA approved physical on file.

Parent or Guardian Signature: _____ Date: _____

I read, understand, and agree to the general guidelines for eligibility.

Student Signature: _____ Date: _____

No student shall represent his/her school in interscholastic athletics until there is on file with the Athletic Directors a statement signed by his/her parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, or nurse practitioner, he/she is physically fit to participate in high school athletics, and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician's assistant, or a nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a physician.