



MASCOOTAH

M I D D L E S C H O O L

ATHLETIC PROCEDURES

All students interested in trying out for this particular sport (**6th/7th/8th Girls Softball**) must:

1. Sign up in the office.
2. Complete and return the signed Emergency Information/Consent Form to the office.
3. Verify with the school nurse that there is a current school physical on file (less than one year old). To be considered “current” the physical must not expire during the current athletic season. Current physical must be on file prior to the beginning of tryouts.
4. Current physical and Emergency Information/Consent Form must be turned into the office prior to tryouts.

TRYOUT SCHEDULE:

6th/7th/8th Grade Girls Softball: July 30th & Aug. 1st from 9:00am-11:00am
All Softball tryouts will be at MMS

Eligibility:

- Grade checks will be done weekly
- An “F” causes a student to be ineligible for a minimum of one week.
- If a student becomes ineligible for a fourth time, he/she will be removed from the team or squad.

**MASCOUTAH MIDDLE SCHOOL
EMERGENCY INFORMATION AND PARENT CONSENT**

Name _____ Birthdate _____ Age _____

Parent's Name _____ Home Phone _____

Parent's Email _____ Cell Phone _____

Address _____ City _____ Grade _____

Day Phone of Parents: Father _____ Mother _____

In an emergency, if the parents cannot be reached, notify:

_____ Phone _____

Family Doctor _____ Phone _____

Known Allergies _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above-named student. If there is an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

Permission is also granted to the Certified Athletic Trainer to provide the needed emergency treatment prior to the student's admission to the medical facilities.

Parent Signature _____ Date _____