MEDICAL RELEASE

I_____ designate the Poteau Coaches to be able

to act on my behalf during my absence, for Medical Attention for my Child.

_____

Player Name

_____ _____

Signature of Parent or Guardian Date

INSURANCE RELEASE

The Poteau Public School System assumes no Financial responsibility for the cost of any accident occurring to an Athlete while participating in a sport - whether it occurs in a practice or a game.

I Understand that Poteau Public Schools will assume no Financial responsibility for any injury occurring to my child during participation in Athletics.

_____

Player Name

_____ _____

Signature of Parent or Guardian Date

Drug Testing

I understand that my child will be subject to random drug testing under the Parameters of the Poteau Public Schools Drug Policy. If you wish to read the complete Poteau Public Schools Drug Policy, please visit our School Website. I also understand if my Child refuses to test it will count as a positive test.

_____

Player Name

_____ _____

Parent or Guardian Signature Date