

MSHS Athletics – Registration and Payment

This form is designed to be filled out TOGETHER by both parent and athlete.

Please be advised that students are not able to participate in an MSHS Athletics Program until the registration process is complete. **Online credit card payment is required to complete the registration.**

Financial Aid

Students not able to pay online as well as those qualifying for free/reduced lunch should contact Laura Kagy, Athletics Office Secretary, at lkagy@mapsnet.org or 906-225-5421.

| Athlete's Information | |
|--|--|
| First Name | |
| Last Name | |
| Grade as of Fall 2019 | |
| Date of Birth | |
| Address | |
| City, State, ZIP | |
| Cell Phone | |
| Student Email | |
| What sports will the athlete be participating in? If you are unsure of the level (Freshmen, JV, Varsity) that you will be participating in, please just select whatever you believe is most likely. If a fee change takes place from a move to a different level, you will be notified of any remaining balance or reimbursed anything that has been overpaid. | <input type="checkbox"/> Cross Country - Boys (\$160) <input type="checkbox"/> Cross Country - Girls (\$160) <input type="checkbox"/> Dance Team (\$135)* <input type="checkbox"/> Football - Varsity (\$200) <input type="checkbox"/> Football - JV (\$200) <input type="checkbox"/> Football - Freshmen (\$160) <input type="checkbox"/> Tennis - Girls - Varsity (\$165) <input type="checkbox"/> Tennis - Girls - JV (\$145) <input type="checkbox"/> Volleyball - Varsity (\$200)* <input type="checkbox"/> Volleyball - JV (\$200) <input type="checkbox"/> Volleyball - Freshmen (\$160) <input type="checkbox"/> Soccer - Boys (\$300)* |

| Parent/Guardian #1 Information | |
|---|--|
| First Name | |
| Last Name | |
| Cell Phone | |
| Email Address | |
| Parent/Guardian #2 Information | |
| First Name | |
| Last Name | |
| Cell Phone | |
| Email Address | |
| Transfer Information | |
| Has this athlete transferred to MSHS from another high school within the past calendar year?* | |
| If yes, what date did the athlete transfer? | |
| Previous School Name | |

MARQUETTE SENIOR HIGH SCHOOL ATHLETIC TRAINING RULES/ELIGIBILITY AGREEMENT*

I have thoroughly read and understand the training rules and scholastic eligibility criteria for participation in Marquette Senior High School athletics. I also agree to the terms outlined in the Athletic Code of Conduct, located in the Student/Parent Handbook.

CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM*

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by MARQUETTE AREA PUBLIC SCHOOLS ATHLETIC DEPARTMENT.

STUDENT and PARENT ACKNOWLEDGEMENT OF RISK AND RELEASE*

Our signatures hereby acknowledge that we, the student athlete and parent or guardian, understand that by participating in athletics at Marquette Area Public Schools the student athlete will be exposed to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of limbs; brain damage; paralysis; or even death. Having been so cautioned and warned that these injuries are possible, it is still our desire to have the student athlete named below participate in athletics. We hereby further acknowledge that the student athlete named below will be participating with full knowledge and understanding of the risk of serious injury to which they are exposing themselves by participating in athletics at Marquette Area Public Schools. I hereby release, discharge, and/or otherwise indemnify Marquette Area Public Schools and their employees against any claim by me on my behalf as a result of participation in MAPS athletics.

HIPAA Privacy and ATC FAST Track Authorization*

I authorize UPHS and UP Sports Rehab Services Athletic Trainers/Medical Professionals to use and disclose protected health information pertaining to the above student during the 2018-19 academic year. In addition, I authorize the release of my student's medical form, information and any injuries related to his/her care in order to treat, consult, track and share information with other medical professionals using the ATC FAST Track System.

Pay to Participate*

I have read, understand, and agree to the Pay to Participate policy.

Student Signature

Parent/Guardian Signature

Date

Date
