

## Out of Season Participation Form

- A. Year Round
  - i. Out of season, coaches may work with two students per sport each day (MPSSAA)
  - ii. Practice will occur on days when school buildings are open.
  - iii. Sessions may last no longer than two hours.
  - iv. A paid coach must supervise the activity.
  - v. Students should have an Out of Season Participation Form for the activity.
  
- B. Summer Rules- School Sponsored Camps
  - a. From The last state championship game of the spring season to the last Saturday in July, schools may sponsor a series of training sessions approved by the local school system involving skill development, instructional activities, and game situations within the local school approved camp.
    - i. MPSSAA member schools may not require school personnel or students to participate in a summer camp.
    - ii. Camps per sport are not to exceed 12 individual days with a maximum of 2 hours per day.
    - iii. Camps may not consist of contact for collision sports as defined by the MPSSAA. Helmets, pads, and full equipment are not allowed for football.
    - iv. Only coaches approved by the local school system may conduct school-sponsored camps.
    - v. Only students approved by the local school system and attending the camp's school may participate.

**Participation is voluntary and will not have any influence on making an athletic team or playing time in a particular sport.**

Students must have health insurance in effect to participate. The Department of Education does not provide health/accident insurance for participants. Consequently, the Department of Education is not liable for any medical expenses incurred while participating. Inexpensive health/accident insurance can be purchased through the Department of Education. For insurance information, please contact your school's Athletics and Activities Manager.

**PLEASE PRINT - My child has my permission to participate in the activity mentioned below and has a current and up to date physical on file with the school.**

Student: \_\_\_\_\_ \*Insurance Co.: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \*Policy Number: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_  
 Training or School sponsored Camp (circle one)

My signature below indicates that I have read the above information and confirms that I am a bona fide resident of Howard County and reside at the address below. I am aware of the policies and rules governing eligibility and participation for athletic participation. I am also aware of the consequences for violating these policies.

(Parent/Guardian Print Name)	(Print Street Address)
(Date)	(City, State, Zip)
(Parent/Guardian Signature)	(Parent/Guardian Email Address - Print)
(Parent/Guardian Phone Number #1)	(Parent/Guardian Phone Number #2)
(Student Signature)	(Street Address)
(Date)	(City, State, Zip)