

We all know that a certain amount of risk is inherent with participation in any interscholastic sport. It is the coaches' responsibility to inform each participant and his/her parents of the dangers and risks pertaining to each sport.

With proper warnings, equipment, preparation (conditioning), and teaching of all aspects of the sport we can reduce the number of injuries to our high school athletes. We realize that it is not possible to prevent every injury and that some injuries are serious enough to cause permanent damage or disability.

To insure that all precautions have been taken to protect our athletes, this form must be signed and returned to the Athletic Director within one week of the start of practice, or before the athlete becomes involved in any interscholastic scrimmage or contest.

The signatures on this form indicate that the risks and dangers involved in Powder Puff Football have been explained by GARY MCGOVERN as of \_\_\_\_\_, and that \_\_\_\_\_ has received the physician's approval (Parent/Physical Certificate) for participation in this sport.

GARY MCGOVERN

Athlete  
(SIGNATURE)

Parent  
(SIGNATURE)

NOTE: To those involved in football - the National Federation of State High School Associations (the national governing body for all interscholastic athletics of which P.I.A.A. is a member) has required that a warning sticker be attached to the outside of each football helmet and that coaches are to meet with team members to explain the warning.

The warning label reads as follows: "No helmet can prevent all head or neck injuries a player might receive while participating in football. Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent."

Questions regarding this form should be referred to the Tyrone Area High School Athletic Director at 684-4811.

FORM 1

SPORT Powder Puff Football  
COACH \_\_\_\_\_

EMERGENCY MEDICAL AUTHORIZATION  
TYRONE AREA HIGH SCHOOL  
ATHLETICS

DATE \_\_\_\_\_

Please PRINT

Athlete's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Address \_\_\_\_\_  
Age \_\_\_\_\_ Phone No. \_\_\_\_\_  
Grade \_\_\_\_\_ Office, Work or Other Phone No. \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Family Physician \_\_\_\_\_  
Date of last TETANUS Shot \_\_\_\_\_ Physician's Phone No. \_\_\_\_\_  
Allergies \_\_\_\_\_  
Blood Type \_\_\_\_\_

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 athlete. In the event 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 said physician is not able to communicate with me, the treatment necessary for the best interest of the above named athlete may be given.

In the event that an emergency arises during a practice session, or event, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer, coach or team physician to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Signature of Parent or Guardian \_\_\_\_\_  
Signature of Witness \_\_\_\_\_  
Date \_\_\_\_\_

TYRONE AREA HIGH SCHOOL

Tyrone, Pennsylvania

\_\_\_\_\_  
(Name of Athlete)

POWDER PUFF FOOTBALL

(Sport)

\_\_\_\_\_  
DATE

The Tyrone Area School District requires that all participating interscholastic athletes be covered by accident/medical insurance BEFORE competing in interscholastic athletics. All varsity football athletes must have accident/medical **INSURANCE OTHER THAN STUDENT ACCIDENT INSURANCE. NO ATHLETE WILL BE PERMITTED TO ACTICE OR COMPETE WITHOUT PROPER INSURANCE COVERAGE.**

Please complete the information requested below and return to the coach of the sport given above.

I have purchased the Student Accident Insurance.

I have personal medical insurance with:

\_\_\_\_\_  
(Name of Insurer)

\_\_\_\_\_  
(Group or Policy Number)

I agree to use the above checked insurance for payment of all services rendered injuries and also agree to assume liability for claims not filed, because of intal negligence, within the prescribed time limit of the above policy and *Therefore* not paid by above company. I understand that the Tyrone Area School *district* will not be responsible for any costs due to injury. All costs, including macuticals, are solely the responsibility of the athlete and/or his/her family.

Participants are financially responsible for the safe return of all athletic *ment* issued to them by the school.

The school will bear the cost of a physical for a student unless the student on *his/her* own volition quits the sport. The student will then reimburse the school *distric* for the cost of the physical.

\_\_\_\_\_  
PARENT Signature

\_\_\_\_\_  
Athlete's Signature

Form 3

Dear Parent:

I am pleased to announce the organizing of the 2017~~8~~ "Powder Puff" football game in which the Senior girls team will face the Juniors girls team. The date for the game is **Wed. Oct. 24<sup>th</sup>, 2018** at 7:00 PM at Gray-Veterans Memorial Field.

The form below is for you, the parent or guardian, and the participant to sign, indicating that you have the insurance needed for your daughter to be eligible to play.

By reading this letter, you understand that Tyrone High School, Elks club and any other persons or groups associated with the Powder Puff game are not responsible for injuries sustained in practices or games.

We sincerely hope that you and your daughter enjoy participating in the Powder Puff activities and wish all involved the very best of luck!

Sincerely

Gary McGovern, Powder Puff organizer

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I, \_\_\_\_\_, have read the above letter and fully understand its contents.  
(Parent or Guardian)

I hereby give permission to allow \_\_\_\_\_ to participate in the  
(Participants name)

**October 24, 2018** Powder Puff game and any scheduled practices prior to that date.

Likewise, if game is re-scheduled, this permission is extended to that date.

\_\_\_\_\_  
(Insurance Company, name and policy number)

**PLEASE RETURN THIS SHEET**

Form 4

## 2018 Powder Puff Shirt Form

1. Players Name \_\_\_\_\_

2. Phone Number \_\_\_\_\_

3. Junior or Senior ← Circle one

4. Shirt Name: \_\_\_\_\_ [Letters will be all capitals]  
*name you want on shirt*

5. Shirt Number: \_\_\_\_\_ [number can be one or two numbers, no decimals]

6. Size: S M L XL XXL XXXL ← Circle one

7. Shirt Cost: \$ 20.00

**NOTE: Full payment for shirt is due when forms are turned in.  
Make checks payable to Gary McGovern. Without payment, your  
shirt will not be ordered.**

**Remember, if paying by check;**

**Make checks payable to Gary McGovern !!!!**

Form 5