

Athletic Department Forms

Anna Maria College offers a competitive Division III Athletic program. Any student who intends on participating on any team, including cheerleading should read the following information and complete the forms as indicated:

- Complete the Intent To Participate Form and return it by July 1, 2008.
- Complete the Athletic Insurance Form and return it by July 1, 2008. **PLEASE READ AND UNDERSTAND THIS FORM.** This Form must be on file in the athletic office before you are allowed on the field to practice.
- All forms should be returned to the following address:

Office of Student Affairs
50 Sunset Lane, Box F
Paxton, MA 01612

- Respective coaches will mail out pre-season information to all students who reply.
- All candidates for Women's Field Hockey, Soccer & Volleyball and Men's Soccer teams will be notified of their first practice as soon as possible. Some teams will be returning for pre-season camps. Details from coaches will be sent after you return the necessary forms.
- No student will be allowed to participate in any sport or in cheerleading until proof of physical examination and athletic insurance coverage has been provided to the Athletic Department. **NO EXCEPTIONS!**
- All student athletes should bring into the season dedication, commitment, and a winning attitude.

Intent to Participate

Name _____

Address _____

City/Town _____ State _____ Zip _____

Home Phone _____ H.S. attended _____

**PLEASE CIRCLE THE SPORT(S) YOU INTEND TO PLAY AT THE
VARSITY LEVEL AT ANNA MARIA COLLEGE**

FALL

Women's Soccer
Men's Soccer
Women's Volleyball
Men's X-Country
Women's X-Country
Men's Baseball
Field Hockey
Golf
Women's Tennis
Football

WINTER

Men's Basketball
Women's Basketball
Cheerleading

SPRING

Women's Softball
Men's Baseball
Golf
Men's Tennis
Men's Lacrosse
Women's Lacrosse

Please list any experiences, awards, or other pertinent information regarding your participation in the above-circled varsity sports.

Return this form by July 1, 2008 to:

**Anna Maria College
Office of Student Affairs
50 Sunset Lane, Box F
Paxton, MA 01612**

ATHLETIC INSURANCE

Please be advised that all student athletes must provide their own insurance coverage for athletic injury. For most, this is satisfied under their own present policy or through a policy of their parents. With the wide variety of coverage offered today, it would be advisable to check with your company to insure proper coverage. For those who do not have insurance coverage, the college offers a general school policy at a modest fee.

Return this form by July 1, 2008 to:

**Anna Maria College
Office of Student Affairs
50 Sunset Lane, Box F
Paxton, MA 01612**

This form must be on file in the athletic office before you are allowed on the field to practice.

I, _____ of
Name

Address City/Town State/Zip

Have adequate athletic insurance coverage for accident, injury, illness, or death during participation on any Anna Maria College team. My athletic insurance coverage is with

Name of Company: _____

Address of Company: _____

Policy # _____

Your signature below acknowledges your understanding that the College is exempt from any insurance obligations and expenses due to accident, injury, illness, or death and that you fully accept these conditions.

Date Signature of Student Athlete

Date Signature of Parent or Guardian

Physical Exam for Athletes

Return this form by July 1, 2008 to:

**Anna Maria College
Office of Student Affairs
50 Sunset Lane, Box F
Paxton, MA 01612**

This form must be on file in the athletic office before you are allowed on the field to practice.

Student Athlete _____

Address _____

City/Town _____ State _____ Zip _____

The student athlete named above has been given a complete physical examination by my office.

He/she has been found healthy and may participate in varsity intercollegiate athletics at Anna Maria College.

ADDITIONAL COMMENTS: Restrictions, etc.

Date _____

Physician's name _____

Physician's Signature _____

Address _____

City/State/Zip _____

Phone _____
