

## Scholastic + Program

### Supplemental Application – Athletic Programs

Please complete this application if an athletic program is offered by this institution.

1. Is Student Accident Insurance carried or required of participants?  Yes  No If yes, who is the carrier?  
\_\_\_\_\_ What is the limit carried? \_\_\_\_\_
2. Does the school obtain a signed release from the parents or legal guardians of all participants?  Yes  No
3. Are there activities including trampolines, guns, bows and arrows, or outward bound exposures?  Yes  No
4. Are instructors/coaches trained in physical education?  Yes  No
5. Are medical exams required for all participants in extra curricular athletics?  Yes  No
6. Is there a formal medical emergency procedure in place?  Yes  No
7. Check where appropriate and indicate if Interscholastic (O) or if Intramural (I) in line provided:  

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Baseball _____      | <input type="checkbox"/> Rugby _____         | <input type="checkbox"/> Field Hockey _____          |
| <input type="checkbox"/> Soccer _____        | <input type="checkbox"/> Basketball _____    | <input type="checkbox"/> Cross Country Track _____   |
| <input type="checkbox"/> Cheerleading _____  | <input type="checkbox"/> Softball _____      | <input type="checkbox"/> Gymnastics _____            |
| <input type="checkbox"/> Golf _____          | <input type="checkbox"/> Tennis _____        | <input type="checkbox"/> Volleyball _____            |
| <input type="checkbox"/> Ice Hockey _____    | <input type="checkbox"/> Scuba Driving _____ | <input type="checkbox"/> Wrestling _____             |
| <input type="checkbox"/> Bunji Jumping _____ | <input type="checkbox"/> Water Skiing _____  | <input type="checkbox"/> Other, please specify _____ |