

PARENT CONSENT FORM...Revised 5/2/2012

RETURN THIS COMPLETED FORM TO YOUR COACH/SPONSOR BEFORE YOUR FIRST PRACTICE, ALONG WITH A CURRENT PHYSICAL FROM YOUR PHYSICIAN.

Parent or Guardian Permission Form

I/We give our permission for _____ to participate in organized interscholastic activities, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

I/We acknowledge that I/We have read and understand this warning.

_____ Parent/Guardian _____ Date _____ Student/Participant

I hereby give my consent for my child to participate in: _____ (List only one activity)

*****A consent form is needed for each activity a student is participating in!!!**

Athletic/Activity Training & Academic Eligibility Policies

The sponsor or coach of that activity will distribute training rules for each individual activity.

_____ Parent/Guardian _____ Date _____ Student/Participant

Student Information / Medical Consent Form

Student/Participant _____ Sport/Activity _____

Grade _____ School _____ Birth date ___/___/___ Height _____ Weight _____

Address _____ Phone _____

I(We) _____
 Check one: Parent _____ Legal Guardian _____ Other _____

Who assumes responsibility for child; hereby consent for School Personnel of School District No. 2 to arrange for or provide the following health services for this child.

1. Emergency medical care for accident or illness, including non-surgical procedure that cannot be deferred without endangering the child's health or life.
2. Transport of child to and from Health/Medical facilities in case of emergency.

Items concerning the student's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Activity Insurance Waiver

School District #2 does not provide athletic insurance for students' participation in interscholastic athletics. Families are expected to provide their own health insurance or agree to be responsible for any medical expenses incurred.

Name of Insurance Company _____ Policy # _____

Please sign, indicating that your child is covered, or that you accept financial responsibility, and that School District #2 is not responsible for any medical expenses incurred as a result of athletic injury.

_____ Parent/Guardian _____ Date _____ Student/Participant

*****Personal Property Liability Waiver:**

School District #2 will not accept any liability for the loss of any personal property during practices or traveling to and from games. This includes, but is not limited to, electronic devices of any kind. We encourage all athletes to leave at home valuables and non-essentials items that may become targets for theft/damage.