

District 49 Athletic Participation Form

Please complete form in its entirety or participation may be delayed or denied

SECTION I: ATHLETE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sport \_\_\_\_\_
Male \_\_\_ Female \_\_\_ Age \_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_
Hospital Preference: \_\_\_\_\_ Chronic Ailments: \_\_\_\_\_
Emergency Contact Person: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

SECTION III: SCHOOL DISTRICT 49 ATHLETIC/ACTIVITY INSURANCE WAIVER

This statement releases the District No. 49 schools of responsibility in case of accident to my son/daughter while he/she is participating in interscholastic activities. I fully understand that the District No. 49 schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. I further understand that it is my responsibility to provide accident insurance for my son/daughter. Please check one of the appropriate boxes:

\_\_\_ I have medical insurance coverage:
\*\*Company: \_\_\_\_\_
\_\_\_ I am purchasing student accident insurance for my son/daughter through the authorized agent approved by the Board of Education for School District 49
\_\_\_ I do not have insurance and will assume all responsibility for payment of expenses incurred in the event of injury

Section IV: COLORADO HIGH SCHOOL ACTIVITIES STATEMENT FOR PARTICIPATION BY PHYSICIAN

\_\_\_ Initial physical examination \_\_\_ Medical Re-evaluation
I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in middle school basketball, cross country, football, softball, track and field, volleyball, wrestling,. (Please cross out any sport in which the student should not participate.)
Date: \_\_\_\_\_ (valid for 365 days unless rescinded.) Physician Signature: \_\_\_\_\_

SECTION V: PARTICIPATION WARNING:

Although participation in supervised interscholastic athletics may not be considered hazardous, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC. Although serious injuries are not common in supervised school programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY. By signing this form, we acknowledge that we have read and understood this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for \_\_\_\_\_ to compete in District 49 middle school athletics, except those sports crossed out below.

Basketball, Cross Country, Football, Softball, Track and Field, Volleyball, Wrestling,

In consideration of my son's/daughter's opportunity to participate in interscholastic activities, I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of School District No. 49, any of its agents or employees, arising out of such medical treatment.

DATE: \_\_\_\_\_ PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_

Your signature indicates you have read the District 49 Middle School Athletic Handbook and understand the policies.

OFFICE USE ONLY

Fees: \_\_\_\_\_ Date Paid: \_\_\_\_\_ check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Received by: \_\_\_\_\_

Physical Date: \_\_\_\_\_ Out of district \_\_\_\_\_ Home-school \_\_\_\_\_ Charter School \_\_\_\_\_