BILLINGS PUBLIC SCHOOLS
ACTIVITIES PARTICIPATION AGREEMENT

Today's Date _____

A. STUDENT INFORMATION (Please print)

Name _____ _____ _____
Last First MI

Sex: M F (circle one) Birthday _____ Student ID# _____Year in School _____

Parent/Guardian Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ Emergency Contact _____
State/Zip _____ Emergency Contact Phone _____

B. PARTICIPATION WARNING

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury in all sports. I/We acknowledge that even with competent coaching, the use of appropriate 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, quadriplegia, or even death. Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions. I also understand that it may be necessary for students to provide their own transportation to some competition events and/or practices. In these situations, the parent and the student are responsible for safe travel.

C. PARENT/GUARDIANSHIP STATEMENT

I/We hereby certify and affirm that I/we are the parent(s)/legal guardian(s) of _____(student). I/We have read this warning and understand its terms. I/We understand that all sports can involve many risks of injury including, but not limited to, those risks outlined. I/We assume all risks of playing or practicing to play/participate for the above named student.

D. WAIVER OF LIABILITY

I/We further release and waive, and agree to indemnify, hold harmless or reimburse the school district, and the individual members, agents, employees and representatives thereof, as well as sport supervisors and coaches, from and against any claim which the above named student, I/we, and other parent or guardian, and sibling, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during or in connection with the participation by the above named student. I/We understand by signing this warning, agreement to obey instructions, and assumption of risk, I/we are waiving all rights that the above named student, I/we, or any other person may have to any compensation for any physical injury that may result from participation by the above named student. The above waivers are extended to the fullest limits permitted by law.

E. EQUIPMENT RESPONSIBILITY

I agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the school to the above named student.

F. CHEMICAL USE POLICY

I understand that the Billings Public Schools has a Chemical Use Policy which prohibits the use of covered chemicals from the first day of fall practice to and including the last day of school. I have read the policy and understand its expectations.

G. EMERGENCY MEDICAL SERVICE

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Name of Family Physician _____ Phone Number _____
Hospital Preference _____

H. INSURANCE

I understand that the Billings Public Schools carries a student accident insurance policy which covers participants. I also understand that it is limited in coverage and is most effective as a secondary coverage policy. My son/daughter is also covered by our family medical policy with the company listed below (mark NA if not applicable). Company Name _____

I/WE HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION IN ITEMS A THROUGH H.

SIGN (X) _____ **DATE** _____
Parent/Guardian Signature

SIGN (X) _____ **DATE** _____
Student Signature

Please read, sign, and return this form to your school activity office before participation. Retain the yellow copy for your records.