Middle School Athletic Participation and Insurance Waiver Form

I give _____ permission to participate in the _____Middle School athletic program* and to accompany the team and coach on any team trips. In the event that my child may require emergency medical treatment while participating in the aforesaid activities, I hereby authorize my said child to receive all necessary emergency medical treatment as needed under the circumstances that exist. The closest available ambulance service and hospital will be used.

I agree to hold the District, employees and volunteers harmless from all liability, injuries, and damages arising out of the activity. This does not apply to negligence on the part of the District, employees or volunteers.

Student's name (print)	Student ID#	Date of Birth	Grade

Parent or Legal Guardian (print)	Home phone #

Home address

Father's cell or work phone	Mother's cell or work phone

***Fee – $80.00** per sport/no family maximum, adjusted with free/reduced eligibility

Insurance Information

In order to assure financial protection in case of injuries, which could occur in an athletic program, it will be necessary for your son/daughter to have some kind of medical insurance. He/she will not be allowed to participate in athletic practices or contests until the school district is satisfied that he/she has adequate insurance. **A physical exam is required every other year by law (SB1060) from the onset of student participation.** Sports physical forms are available at any middle school or you may use your physician's form.

Please check the appropriate statement:

_____ My son/daughter has a family insurance plan that will cover him/her.

Insurance Company	Policy #

_____ My son/daughter will purchase the school insurance plan to cover him/her.

I give permission for _____ to participate in the sport(s) listed below:
Student's name

_____**Basketball** _____ **Track**

There may be an additional fee(s) for a personal uniform (the athlete keeps). The athlete is responsible for all equipment and/or uniforms checked out to him/her and not returned in reasonable condition.

Signature of Parent/Guardian	Date