

BARNESVILLE HIGH SCHOOL

P.O. BOX 189

BARNESVILLE, MN 56514

(218) 354-2228

STUDENT'S NAME: _____

GRADE: _____

POTENTIAL DANGER AND AWARENESS

Accidents are common among all human beings. The purpose of this form is to inform all athletes and their parents involved in the Barnesville Athletic Program that potential injuries could occur as a result of student participation in athletics.

I, as a parent, understand the possible potential danger of my son or daughter participating in the Barnesville Athletic Program.

Parent/Guardian Signature

Date

INSURANCE RELEASE

Barnesville Public Schools does not carry insurance that covers athletes during practice or while participating in extracurricular events.

A parent or guardian signature on this form confirms that your son or daughter is covered by your own policy or you have applied for participation insurance, thereby releasing the school and coaching staff from any financial obligations you may encounter during an athletic injury.

Have own insurance. YES _____ NO _____

If yes, name of company _____

Policy Number _____

MEDICAL AUTHORIZATION RELEASE

If my son/daughter is injured while participating in any athletic program and we can't be reached for medical approval; we authorize the Barnesville Public School District and their employees (coaches) to administer first aid or seek appropriate medical attention and/or services.

Parent/Guardian Signature

Date

Home Phone: _____

Cell Phone: _____