



AUTHORIZATION FOR CLUB PARTICIPATION

_____	_____	_____	
Student Name	Date of Birth	Sport	
_____	_____	_____	_____
Address	Phone	School	Grade
_____	_____		
Parent/Guardian Name	Email		

Previous School Attended			

INSURANCE WAIVER/ PERMISSION FOR MEDICAL TREATMENT

This statement releases the District of financial responsibility in case of accident/injury or any illness or infection to my son/daughter/child/ward/student (hereinafter referred to as "Participant") while Participant is participating in club activities ("Activities"). I fully understand Adams 12 Five Star Schools does not provide accident or health insurance coverage for participation in Activities and that accident insurance is made available by the District for me to purchase through an outside provider. I further understand that it is my responsibility to provide health/accident insurance coverage for Participant. *(Please check all that apply.)*

- I hereby certify that Participant has insurance coverage. (If Participant does NOT have health insurance, you MUST check the next box).
- I hereby certify that I assume full and complete financial responsibility for costs incurred due to any injury or accident occurring during participation in the Activities.
- In the event of an emergency requiring medical attention, I hereby grant permission to a physician or the hospital personnel to attend to Participant. Every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Parent/Guardian Signature

Date

NOTICE TO PARENTS/GUARDIANS WITH RELEASE

By its very nature, this club activity may put students in situations in which **SERIOUS ACCIDENTS** may occur. This type of club activity could result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury, illness or infection. Some club activities also may be inherently dangerous.

Students and their families have the responsibility of reporting their injuries/illnesses/symptoms to their parents and club sponsors at their school. I realize that my student's physical condition is dependent upon accurate medical history and disclosure of all symptoms, complaints, illnesses, prior injuries and/or any disabilities. I also understand that by allowing participation in this club, there is a possibility that my student could suffer a head injury/concussion. I understand the importance of immediate reporting of symptoms to the club sponsor.

By granting permission for Participant to participate in athletic competition, I acknowledge that such risk exists. I hereby give my consent for my son/daughter/child/ward/student to participate in this club activity, and I have read and understand this form.

Parent/Guardian Signature

Date