

ATHLETIC PARTICIPATION CLEARANCE FORM

I hereby give consent for my child, _____, to participate in the _____ School District's athletic program during the _____ school year.

I hereby authorize and give permission for emergency medical treatment to be rendered for and on behalf of my child, _____, for any injury received while participating in any supervised school related sports activity. This authorization includes, but is not limited to, any treatment deemed necessary by certified personnel, physicians, hospital emergency room physicians and hospitals.

I hereby release the _____ School District and all school personnel for any and all liability associated with such necessary treatment.

I hereby acknowledge that health and accident insurance is recommended for participation in all organized athletic activities and further certify that my child is covered under the health and accident program listed below.

School day insurance _____
Policy # _____

Other insurance _____
Policy # _____
Name of agent _____

The _____ School District does not pay any expense incurred for any accident involving a student on school property or participating in school activities and does not provide health or accident insurance for participants in athletic programs.

In addition, I assume any expenses for liability not covered by the above required insurance policy for injury received by the above named student while participating in sports authorized above. I accept full responsibility for medical and hospital expenses and any other related expenses and do hereby hold harmless the _____ School District and the Board of Trustees, their agents or assignees, of responsibility for any such injury or expenses and waive any and all claims which may arise against them. I realize that participation in organized athletics involves the potential for injury which is inherent in all sports, sometimes severe enough to result in total disability, paralysis, or death.

Parent/ Legal Guardian _____ Phone # _____

Date _____