

PARENT TO FILL OUT COMPLETELY AND SIGN

Union Ridge School District #86 - 2016-2017 school year

CONSENT FOR PARTICIPATION IN INTERSCHOLASTIC SPORTS TEAMS

Name of Athlete _____ Grade _____

Address _____ Phone No. () _____ / _____

Date of birth _____ / _____ / _____

CONSENT TO PARTICIPATE (to be signed by parent/legal guardian)

- I hereby give consent for my child to participate in the interscholastic sport program(s) sponsored by Union Ridge School District #86. He/she may accompany the team of which he/she is a member on any of its local trips to other schools in our conference by bus transportation to be arranged by the school.
- I understand that participation in interscholastic sports presents the potential for physical injury, concussion or death, and that there is a small risk of contracting a blood-borne pathogen from another athlete.
- It is agreed that the financial responsibility for securing the care of any injuries is a matter between the parent(s), guardian(s), and the health care provider, and that the Union Ridge School cannot pay health care providers for treatment of any student. It is further agreed that the parent(s) or guardian(s) will assume all legal responsibility for the personal safety and actions of the above-named student while the student is traveling to extracurricular activities when parents choose other transportation for return.
- I authorize the school to obtain through a physician any medical care, including care that may become necessary to the student during the course of extracurricular activities including travel. **For any major emergency, "911" will be called.** (I also agree not to hold the school, or anyone acting on its behalf, responsible for any injury to the above named student during the course of such extracurricular activities including travel.)

MEDICAL INSURANCE IS REQUIRED – If you do not have medical coverage for your child, you may purchase school insurance at a very reasonable cost.

The above named student is covered by medical insurance provided by _____
(name of insurance company)

that will cover the cost of medical care resulting from injuries sustained while participating in the extracurricular activities sponsored by Union Ridge School, either home or away.

- I agree to pay for the replacement of any equipment that my child might lose or damage.

***Parent's/Guardian's signature**

Date

THIS FORM IS TO BE SIGNED * AND RETURNED TO THE HEALTH OFFICE BEFORE THE STUDENT CAN PRACTICE OR COMPETE

Note: This consent form is valid for the entire school year unless the parent contacts us otherwise.