

Columbia School District No. 206

ATHLETIC PARTICIPATION FORM

Student has purchased an ASB Card: Yes ___ No ___

This form (front and back) and a physical form must be completed and on file before you may participate. Parent/guardians and students please note that your signature is required in more than one place (front and back).

Student Name _____ Grade: _____ Age: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Date of Birth: _____ Physician: _____ Phone: _____

If enrolled in another school last year, list the school:

School: _____ City _____ State: _____ Zip: _____

INSURANCE WAIVER: No Student will be allowed to participate in any athletic activity without insurance. Below are two options from which you may choose.

_____ **OPTION I:** I would like to enroll my child in the student insurance program recommended by the Columbia School District. I have read the insurance brochure and I am enclosing forms with a check for the appropriate amount.

_____ **OPTION II:** I have insurance coverage which will be in force through the sports season(s). _____ is the covering company. The policy number is _____. I further agree to accept full responsibility for the cost of treatment for injuries sustained while participating in any co-curricular activity even though such costs may go beyond the limitation of my coverage.

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION: As a parent or legal guardian, I (We) having legal custody of _____, a minor, in my (our) absence do hereby authorize, should it be required, medical treatment or hospitalization for any accident or illness while under the supervision of the Columbia School Athletic Program. The attending physician and/or hospital is authorized to give the necessary treatment. Permission is also given to release such diagnostic and treatment information as may be needed to complete any insurance claims. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Signature of Parent/Guardian: _____ Date: _____

Home Phone: _____ Cell Phone _____ Emerg. Phone _____

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Please list any special instructions (allergies, medications, diabetic, etc): _____

Student/Parent/Guardian Warning

It is the school district's intent to provide any athlete with good instruction, safe equipment and safe transportation; but we cannot eliminate all risks involved in sports participation. Accidental injury, completely unrelated to any preventable cause, is always possible.

This warning form is designated to provide this school district with a degree of protection. It is not designed to deny the rights of an injured athlete. Our school District provides WIAA Catastrophic Medical Insurance coverage to participating students. Participation in these activities, you and your parent(s)/guardian(s) must understand the risks involved in these kinds of activities.

WARNING:

Participation in any athletic activity may involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of the injury can range from minor to catastrophic injury such as complete paralysis or even one's future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Activity injuries can result from the incorrect performance of playing techniques used in tryouts, practices, warm-ups, games, drills, exercises, and other similar undertakings. Injury can also result from failing to follow game, training, safety or other team rules. Injury can result from the use of transportation provided or arranged by the school district to and from interscholastic activity.

Therefore, the purpose of the WARNING, is to aid you in making an informed decision as to whether you or your child or ward, should participate in these activities. In addition, its purpose is to make you aware that as a student participant, or as a parent or guardian of a student participate, it is your responsibility to learn about and/or inquire of coaches, physicians, advisors, or other knowledgeable persons about any concerns that you might have at any time regarding participant's safety.

By signing this document, we acknowledge that we have read and understand its contents and warning related to the above stated risks and give our permission for _____ to participate in interscholastic activities.

Student Signature : _____ Date: _____

Parent/Guardian Signature: _____ Date: _____