

Athlete's Name: _____ Sex: _____

Address: _____ Grade: _____

Parent/Guardian: _____

ATHLETIC INSURANCE WAIVER

All participants in MS and HS athletics must either purchase insurance made available by the school to cover the sport(s) they are going to participate in or have their own insurance that will cover the participant.

Please sign the waiver below **ONLY IF YOU DO NOT WISH TO PURCHASE THE SCHOOL'S INSURANCE**. This will tell us that you have some other form of insurance to cover your son/daughter in case of an injury.

Waiver: We, the undersigned parents, **DO NOT** wish to purchase school offered insurance to provide protection for our son or daughter in every sport that he/she is going to participate in during the school year. Furthermore, we understand that there is no school insurance should our son/daughter be injured in an athletic activity for which we did not purchase such protection.

Parent/Guardian Signature

PARENT OR LEGAL GUARDIAN PERMISSION

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing the permission form, we acknowledge that we have read the above information. **PARENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

"I hereby give my consent for: _____

1. To represent his/her school in approved athletic activities except those listed: _____
2. To accompany any school team of which he/she is a member on its local or out-of-town trips.
3. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonable necessary in the course of such athletic activities or such travel.

I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above name student the proper course of such athletic activities or travel.

X _____
Parent/Legal Guardian Signature Date

X _____
Student's Signature Date

"HEADS UP": CONCUSSION IN HIGH SCHOOL SPORTS

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

X _____
Parent/Legal Guardian Signature Date Parent/Legal Guardian Printed Name

X _____
Student's Signature Date Student's Printed Name