



# ATHLETIC PARTICIPATION FORM

## INTERSCHOLASTIC SPORTS AND CHEERLEADING

I (we), \_\_\_\_\_, hereby certify that my (our) child, \_\_\_\_\_, is covered by the following insurance:

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Effective dates: \_\_\_\_\_

Name of insured: \_\_\_\_\_

I do not have family medical insurance. (A student may not participate in the athletic program if he or she does not have medical insurance.)

Furthermore, I (we) accept complete responsibility for the cost of any medical treatment made necessary by my (our) child's participation in the school's athletic program. I (we) agree to keep the above insurance in effect during the entire school year while my (our) child is participating in school athletics.

I (we) further agree to hold the school harmless for any injury or illness arising out of my (our) child's participation in the school's athletic program.

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

### STUDENT AGREEMENT

I agree to hold the school (faculty, staff, employees and any volunteers) harmless in the event of any injury or illness resulting from my participation in the school's athletic program.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

Please note: A student's official eligibility to participate in the athletic program begins when this form is completed and returned. A student will not qualify for participation in any athletic events or practices until this form is on file in the school office.

