

GHS ATHLETIC/ACTIVITY PARTICIPATION AGREEMENT

Year in school: _____

Student Name: _____

Both sides of this form must be completely filled out before your student can participate in any Athletic/Activities at Gervais High School.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Student Address: _____ City: _____

Home Phone: _____

Physician's Name: _____ Physician's Phone: _____

Emergency Contact: _____ Emergency Phone: _____

If your child has any health concerns/conditions which you feel we should know please describe them below (inhaler, epi pen, allergies, other serious injury coach should be aware of):

Date of Last Physical: _____

I want my son/daughter to have the privilege of participating in athletics/activities. He/she has my permission to compete in those sports/activities, which are approved by the Board of Education for School District # 1, and to go with the coach on any regularly scheduled trips. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur.

**PLEASE SIGN AT THE END OF THIS DOCUMENT!
ALL ATHLETES MUST BE COVERED BY INSURANCE**

1. My son/daughter is fully covered by parent or guardian's insurance. The school will not be liable for any injury that occurs during athletic/activity practices, contests or travel to and from competitions.

NAME OF INSURANCE COMPANY

POLICY NUMBER

2. My son/daughter has taken out School Insurance.

DATE

Office Initials

Disclaimer:

I understand that sports and/or activities participation involves some risk, and I accept the possibility that my child may be slightly, seriously or even fatally injured depending on the nature of the sport in which he/she is participating.

PLEASE SIGN AT THE END OF THIS DOCUMENT!

Emergency Care:

Your signature at the end of this document indicates that you (parent or guardian) and your son/daughter (participant) have read and understand all information in this Athletic/Activity Participation Agreement. Your signature also indicates that you have given your permission for a coach, advisor, teacher or other school personnel to transport or arrange for transportation for your son/daughter to a medical facility for treatment when they deem it to be necessary. You are also giving your permission to have your son/daughter receive diagnostic, therapeutic and operatic procedures as deemed necessary by professional medically trained individuals so that no unnecessary delays will occur with treatment.

As a student participant in athletics/activities, I have read and I agree to abide by the rules and consequences as detailed in the Athletic/Activity Participation agreement and Athlete and Activities Handbook. In the event that a student-athlete is of age to use tobacco products they are agreeing not to use tobacco by signing this agreement.

Signature of Participant

Date

Signature of Parent

Date

PLEASE LIST / CIRCLE ALL SPORTS AND ACTIVITIES IN WHICH YOU WISH TO PARTICIPATE

Volleyball

Football

Cross Country

Basketball

Wrestling

Track

Baseball

Softball

Cheerleading

Soccer

Other: _____

FBLA

FFA

Aquias de Oro

Journalism

Newspaper

NHS

Student Council

Leadership

All coaches and activity advisors should submit Athletic/Activity Agreement forms for their participants to the office.