

McLOUTH UNIFIED SCHOOL DISTRICT NO. 342
McLOUTH, KANSAS 66054

All individuals participating in school athletics, including cheerleading, must provide proof of insurance or statement of insurance coverage to their principal before they are allowed to draw equipment or participate in practice.

PROOF OF INSURANCE COVERAGE

Name of Student _____
Parents _____
Address _____
Insurance Policy Covering Participant _____

We hereby certify that the above-named insurance policy will cover _____ during any athletic contest during the 2011-12 school year. We understand our insurance policy must cover all injuries sustained during the school year. We further understand that any financial obligations associated with medical treatment are the responsibility of the parent/guardian.

Signature of Parent or Guardian

PARENTS, PLEASE READ THE TRAINING RULES PRINTED IN THE STUDENT-PARENT HANDBOOK AND AS PROVIDED BY COACHES AND SPONSORS. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE ACTIVITIES DIRECTOR'S OFFICE.

STATEMENT BY PARENT AND STUDENT FOR ATHLETIC PARTICIPATION

WARNING: Participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school; however, BY ITS NATURE PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDE A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate, this 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 EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give consent for _____ to compete in athletics for McLouth Middle/High School in Kansas State High School Activities Association approved sports except those crossed out below: basketball, cross country, football, track and field, volleyball, baseball/softball, golf, and cheerleading.

I warrant that my child is in good health and has no physical or emotional condition which would endanger him/her in participation of interscholastic activities.

Date _____ Parent's/Guardian's Signature _____

Date _____ Student's Signature _____

NOTE: This statement should be on file in the activities director's office for every student participating in interschool athletic competition.

CONSENT FOR EMERGENCY TREATMENT FOR INTERSCHOLASTIC ACTIVITY INJURIES

I, _____, parent or guardian of _____ in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above-named child, by a physician, qualified nurse, and/or hospital in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above-named child any liability of the school district, any of its agents or employees, arising out of such medical treatment.

Date

Signature of Parent or Guardian