

ATHLETIC/ACTIVITIES PARTICIPATION PERMIT

COMPLETED FORM REQUIRED EACH SCHOOL YEAR

School Year: 2015 - 2016

Hanby Middle School

STUDENT NAME _____

LAST

FIRST

INITIAL

FALL SPORT _____

WINTER SPORT _____

SPRING SPORT _____

EMERGENCY INFORMATION

PREFERRED CONTACT:

PARENT/GUARDIAN _____

PHONE _____ CELL/PAGER _____

MOTHER _____ WORK PHONE _____

FATHER _____ WORK PHONE _____

HOME ADDRESS _____

HOME PHONE _____

PHYSICIAN _____ PHONE _____

If your emergency physician cannot be reached, may a physician be chosen by the District 6 person in charge? Yes No

EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____

Permission is hereby given in the event emergency medical treatment is immediately required and either parent or guardian cannot be reached.

SIGNATURE _____ DATE ____/____/____

PARENT/GUARDIAN ACTIVITIES PERMISSION

_____ has my permission to participate in sports activities approved by the Board of Education of District #6 and to go with the coach/advisor on any regular scheduled trips.

I wish my son daughter to have the privilege of participating in all school activities and competitive sports.

Sports/Activities I do not wish my child to compete in: _____

I understand my student may be transported on a Special Pupil Activity Bus or Mot While I expect school authorities to exercise reasonable precautions to avoid injury I understand they assume no financial obligation for any injury that may occur. I am students are held responsible for all players/participant's equipment owned by the

SIGNATURE _____ DATE ____/____/____

Parent/Guardian

INSURANCE ARRANGEMENTS

INDIVIDUALS ARE NOT ALLOWED TO PARTICIPATE UNLESS COVERED BY INSURANCE School District #6 makes available a low cost insurance program for students. This insurance can be waived if the participant covered by the parent or guardian's personal insurance program.

Please mark one of the following boxes

I am purchasing the accident insurance policy made available through District which pays a percent of the cost of injury as stated on the insurance policy.

I hereby waive the insurance made available through School District #6 for my son/daughter as I will provide my current personal insurance.

I WILL PROVIDE THE HANBY OFFICE WITH A COPY OF PROOF OF INSURANCE.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REPORT ANY CHANGES IN INSURANCE OR PHYSICIAN TO THE HANBY OFFICE.

He/She will be covered by the following insurance program and no medical payment is expected from the insurance available through School District #6.

SIGNATURE _____

PARENT/GUARDIAN

Insurance Company _____

Address _____

Phone _____