



WEST CARROLL SCHOOL DISTRICT

PARENT / STUDENT ATHLETIC CONSENT FORM

Valid for the Following Dates: June 1, 2020 through July 31, 2021

ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(TO BE COMPLETED AND SIGNED BY PARENT / GUARDIAN)

I give permission for _____ (Name of Child/Ward)

CIRCLE THE SPORT(S) YOUR CHILD/WARD PLAN ON PARTICIPATING: Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Softball, Strength & Conditioning (including weight training), Wrestling, Track, Volleyball, Other (Identify Sports): _____

I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I understand the risk inherent in sports. He/she has athletic participation insurance coverage through the school (YES___NO___); he/she is insured by our family policy with:

PERSONAL / FAMILY INSURANCE INFORMATION

Name of Company: _____

Policy Number: _____

Name of Policy Holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team. Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or association athletic program.

EMERGENCY PERMISSION FORM

STUDENT'S NAME: _____ **GRADE:** _____ **AGE:** _____

SCHOOL: _____ **CITY:** _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to Physicians selected by the coaches, staff, or volunteers of the West Carroll Schools to hospitalize, secure proper treatment for, and to order injection/anesthesia, and/or surgery for the person named above.

Daytime Phone Number: (where to reach you in an emergency) (_____) _____ - _____

Evening Phone Number: (where to reach you in emergency) (_____) _____ - _____

Relationship to Student: _____



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Please list any health problems that your child has that might be significant to a Physician evaluation or that someone providing supervision to the child should be aware of:

Please list any allergies to medications, etc.: _____

Has student been prescribed an inhaler or EpiPen? _____

Is student presently taking medication? _____ **If so what type?** _____

Is student allergic to bee stings? _____

Does student wear contact lenses? _____ **Please list date of last Tetanus shot:** _____

Emergency permission form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed. I certify all the above information is correct.

PARENT OR LEGAL GUARDIAN

Parent Name (print): _____

Parent Signature: _____ **Date:** _____

STUDENT

Student Name (print): _____ Grade (7-12) _____

Student Signature: _____ **Date:** _____

PARENT & STUDENT ACKNOWLEDGMENT OF THE ATHLETIC HANDBOOK

I hereby acknowledge that I have received and read the West Carroll School District Athletic Handbook and understand the rules and regulations within. I agree to abide by all the rules and regulations set down by my individual coach and the athletic director.

I agree to assume full responsibility for all equipment issued to me, and to confine the use of that equipment to practice, games, or meets.

I will further agree to pay for any and all equipment, which I may lose, misplace, or damage through carelessness or intent.

Parent Name (print): _____

Parent Signature: _____ **Date:** _____

Student Name (print): _____

Student Signature: _____ **Date:** _____



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ATHLETIC WAIVERS AND AGREEMENTS

Parent / Guardian: The following items are statements that require your reading and signature. Please check either yes or no for each statement.

- | Yes | No | |
|-------|-------|--|
| _____ | _____ | 1. <u>Handbook:</u> The handbook will be distributed during the first days of practice and/or the first day of school. I/We acknowledge that I/we have received this handbook. |
| _____ | _____ | 2. I/We intend to review the contents of the <u>Handbook.</u> It is my/our responsibility to read and review this document with my child. |
| _____ | _____ | 3. <u>Photo Release:</u> The district from time to time allows coverage of activities and events. I/We give permission for our child's picture/video and name to be used in informational news coverage and educational purposes, including the District web site. |
| _____ | _____ | 4. <u>Student Awards / Honor Information:</u> The district from time to time announces listings of students receiving awards and honors. I/We give permission for our child's name to be released for the purpose of identifying students who excel. |
| _____ | _____ | 5. <u>Directory Information:</u> (name, address, phone number). I give permission to release this information for school related purposes |
| _____ | _____ | 6. <u>Insurance:</u> All children participating in interscholastic sports or activities must be covered under a health and accident policy. As a parent/guardian of _____, I do hereby certify that my child is currently covered under a Health and accident policy as mentioned above. |
| _____ | _____ | 7. <u>Emergency Medical Treatment:</u> The principal or official representative of my child's school is authorized to secure medical care, automobile or ambulance transport to <i>the closest</i> Hospital or the nearest hospital facility when I/we cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charges upon receipt of statement |

Your signature gives permission for all of the statements above which were not preceded by "No"

Parent Name (print): _____

Parent Signature: _____ Date: _____

Student Name (print): _____

Student Signature: _____ Date: _____



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RIDER PERMISSION SLIP

West Carroll Athletes will only be picked up and dropped off at recognized West Carroll School District Locations: West Carroll High School, Middle School, Primary School, District Office and the Bus Barn in Thomson. West Carroll School District understands that Parents/Guardians cannot always be at away activities to take their student(s) home.

In those instances, parents/guardians will be allowed to have parents/guardians of teammates, the students' grandparents, aunts or uncles, or siblings over the AGE OF 18 to take them home from away activities. Students are not allowed to ride home from away games with other students or regular spectators. In order for us to allow your son/daughter to be a "rider," please sign and date this permission slip, listing whom your son/daughter is allowed to ride with. This slip will need to be filled out and turned in with the consent form if you wish for your son/daughter to be a "rider."

To Whom It May Concern:

I give permission for my son/daughter, _____, to ride home from away competitions during the 2020-2021 school year with the people listed below. I understand that the West Carroll School District will not be held liable for, loss, theft, injury, or damage resulting from transportation from and extra-curricular activity or event.

The above named child will be allowed to ride with the following drivers.

(Please list no more than Four)

<u>Name(s) of Adult</u>	<u>Relationship to your Child / Ward</u>
_____	_____
_____	_____
_____	_____
_____	_____

Parent Name (print): _____

Parent Signature: _____ Date: _____

Student Name (print): _____

Student Signature: _____ Date: _____