

**SAN JUAN SCHOOL DISTRICT
ACTIVITES INFORMATION CARD**

EXPIRATION DATE: _____

A. STUDENT INFORMATION (Please Print)

Name _____
Last First Middle

Grade in School (year for which this information applies) 6 7 8 9 10 11 12

SEX: M F (circle one) Student ID # _____ Today's Date: _____

Birth date: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian: _____ Emergency Contact: _____

Address: _____ Emergency Contact Phone: _____

City: _____ State/Zip: _____

B. PARTICIPATION WARNING

Parents and students initial the applicable activity:

_____ Football _____ Basketball _____ Tennis
_____ Volleyball _____ Wrestling _____ Golf
_____ Fastpitch _____ Track _____ Baseball
_____ Intramurals _____ Cheer _____ Other

I/We give our permission for _____ to participate in organized interscholastic activities, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with competent coaching, the use of appropriate protective equipment and strict observance of rules, injuries are still a possibility. On rare occasion, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and I agree to obey such instructions.

C. PARENT/GUARDIANSHIP STATEMENT

I/We hereby certify and affirm that I/we are the parent(s)/legal guardian(s) of _____ (student). I/We have read this warning and understand it's terms. I/We understand that all sports can involve many risks of injury including, but not limited to, those risks outlined. I/We hereby assume all risks of playing or practicing to play/participate for the above named student.

D. WAIVER OF LIABILITY

I/We further release & waive, and agree to indemnify, hold harmless or reimburse the school district, and the individual members, agents, employees and representatives thereof, as well as sport supervisors and coaches, from and against any claim which the above named student, I/we, and other parent or guardian, and sibling, or any other person, firm or corporation may have or claim to have, know or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during or in connection with the participation of the above named student. I/We understand by signing this warning, agreement to obey instructions, and assumption of risk, I/we, or any other person may have to any compensation for any physical injury that may result from participation by the above named student.

E. EQUIPMENT RESPONSIBILITY

I agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the school to the above named student,

F. Co-Curricular Policy

I have read and understand the San Juan School District Co-Curricular Policy including the expectations related to chemical substance abuse, attendance, academics and citizenship.

G. EMERGENCY MEDICAL SERVICE

If emergency service involving medical actions or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Name of Family Physician: _____

Phone Number: _____

Hospital Preference: _____

H. INSURANCE

I understand that it is my responsibility to provide medical insurance for my son/daughter. The options are a family medical plan or the purchase of a school-time policy. I agree to provide coverage through one of these two means.

Company Name (if applicable) _____

Policy # _____

Parent Signature: _____

I/WE HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION IN ITEMS A THROUGH H.

SIGN X _____
Parent/Guardian Signature

DATE _____

SIGN X _____
Player (Student)

DATE _____