FOR THE PARENTS/GUARDIANS:

By signing below I state that I have read and understand the following:

1. By Its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. All student athletes should follow safety rules and the fundamental skills taught by their coaches to perform with the least chance of injury. Each student should inspect their own equipment daily.

2. I am aware that there is a board of education policy that contains certain regulations for academic eligibility, attendance in school, behavior both in and out of school, and health rules that forbid the use of alcohol, tobacco, and drugs. I fully understand that my son/daughter may be suspended or dropped from an activity for failure to abide by these rules and regulations. (See Board Policy 502.5-Good Conduct Code found in the Student/Parent Handbook.)

3. INSURANCE: All participants in athletics must have some type of family health/accident insurance coverage of must purchase an alternate school policy. Persons not purchasing school insurance should understand that there is no school insurance to provide protection to their child during any phase of his/her participation in athletics. Insurance information is available in the school office.

    A. __________ My child is covered by a family health/accident insurance plan.
    B. __________ I will purchase the alternate health/accident policy available through Central Springs CSD **Form must be filled out and with check to the high school/middle school office. This must be done before an athlete is allowed to participate.**

⊗____ ____________________

Signature: Parent/Guardian **Date**

♦♦

FOR THE STUDENTS:

Person to contact if parents/guardians cannot be located:

Name ____________________________ Phone: Home ___________________ Alternate _____________________

WARNING, AGREEMENT TO OBEY INSTRUCTIONS,
AND ASSUMPTION OF RISK

I am aware that playing or practicing to play in athletics can be dangerous involving MANY RISKS OF INJURY. I understand that by its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. All student athletes should follow safety rules and the fundamental skills taught by their coaches to perform with the least chance of injury. Each student should inspect their own equipment daily.
Because of such dangers, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instructions.
The terms above shall serve as a voluntary release.
I HAVE READ AND UNDERSTAND THE FOREGOING WARNING, AGREE TO OBEY INSTRUCTIONS, AND ASSUME THE RISK OF PARTICIPATION.

⊗____ ______________________

Signature of Student **Date**