

ATHLETIC INSURANCE FORM

The Liberty Board of Education requires that a statement verifying student hospital accident insurance is carried by the parents of students participating in extracurricular athletic activities be on file in the athletic director's office before participation is allowed. This also includes students participating on pom pon and cheerleading squads. This policy is stated on page twenty-five of the student handbook.

Students's Name and Address: _____

Check One: _____ I have student hospital accident insurance through the school for the above named student.

_____ I have my own family hospital accident insurance for the above named student.

Parent or Guardian's Name: _____

Family Doctor's Name: _____

Hospital you want your student to go to in case of an accident:

Are there any health problems which the coach or sponsor should be aware of?

YES _____ NO _____ If yes, please explain:

Home Phone Number: _____

Work Phone Number: _____

Emergency Phone Number: _____

Parent / Guardian's Signature

Date

LIBERTY COMMUNITY SCHOOL DISTRICT NO. 2

PERMISSION / CONSENT / WAIVER (Participation in Extracurricular Activity)

STUDENT'S NAME: _____

The undersigned, as parent of the above named student, does hereby consent to and grant permission for said student to participate in the extracurricular activity of _____. Prior to such consent and granting of permission, the undersigned has fully investigated such activity and the consequences of participation therein, is aware of all the risks of such participation, has had adequate opportunity to ask questions about the risks involved in such participation, and is fully advised relative to the consequences of such participation.

The undersigned understands that participation in an extracurricular activity is a privilege and not a right. The undersigned is aware of the rules for participation in the above specified activity.

To the extent permitted by law, the undersigned does hereby waive any claim which may be made against the School District arising out of said student's participation in such activity.

Dated _____ day of _____, 20_____.

Signed: _____

Parent of: _____