

WHITEPINE SCHOOL DISTRICT NO. 288

APPENDIX D
ATHLETIC PARTICIPATION CONSENT FORM

I have read the Whitepine School District No. 288 athletic guidelines and understand their contents.

I authorize the school to transport my child for any athletic activity I also understand that my child will be released only to custodial parent/guardian upon prior proper approval from the coach.

I understand that neither the local board of education nor the Idaho High School Activities Association carries sports or activity insurance and will not assume responsibility for injuries sustained in the program. I also understand that accident insurance coverage is my responsibility.

I have reviewed the signs and symptoms of concussion and head injury and the risks associated with continuing to play after concussion or head injury as found in Appendix A of this document.

I give consent for emergency treatment to be administered to my child.

Student Signature

Parent/Legal Guardian Signature

Date

FOR ALL SPORTS EXCEPT FOOTBALL

I recognize that all athletic activities have a certain degree of risk. I also understand these risks may include injury ranging from minor sprains and contusions, to major injury, possible paralysis, or even death. I understand the possibility of serious injury may impair my future abilities to earn a living; to engage in other business, social, and recreational activities; and to enjoy life generally.

Having read and understood the above warning, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, and I agree to obey such instructions.

Student Signature

Grade

Date

FOR PARTICIPATION IN FOOTBALL

I am aware that tackle football is a contact sport and that playing or practicing to play tackle football will be an activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play tackle football may include injuries ranging from minor sprains and contusions, to major injury, possible paralysis, or even death. I understand also that the dangers and risks of playing or practicing to play tackle football may result not only in injury but also in serious impairment of my future abilities to earn a living; to engage in other business, social, and recreational activities; and to enjoy life in general.

Having read and understood the above warning, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, and I agree to obey such instructions.

Student Signature

Grade

Date

I understand that since neither the local board of education nor the Idaho High School Activities Association carries sports or activities insurance, I agree to assume all medical costs incurred should injury result from participation in these activities. I hereby agree to hold Whitepine School District No. 288, its employees, representative, and coaches harmless from any and all liability, actions, debts, or claims of every kind whatsoever which may arise by or in connection with participation of my child/ward in activities related to the above mentioned high school programs. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family.

I have reviewed the signs and symptoms of concussion and head injury and the risks associated with continuing to play after concussion or head injury as found in Appendix A of this document.

Parent/Legal Guardian Signature

Date