



Orofino Jr. Sr. High Athletic Participation Agreement

Student Name: _____ Student Address: _____
 Birth Date: _____ Grade: _____
 Parent/Guardian: _____ Student Cell # _____
 Home Phone: _____ Parents Cell/Phone: _____
 Emergency Contact: _____ Emergency Phone: _____
 Parent Email (parent/student/coach communication): _____

Insurance

1. My son/daughter is fully covered by parent/guardian's insurance.

 NAME OF INSURANCE COMPANY POLICY NUMBER

2. My son/daughter has taken out School Insurance. _____

DATE

Disclaimer: I understand that sports and/or activities participation involves some risk, and I accept the possibility that my child may be slightly, seriously or even fatally injured depending on the nature of the sport in which he/she is participating. I understand the school will not be liable for any injury that occurs during athletic/activity practice, contests or travel to and from competitions. This also serves as a release for any and all heirs, members of family, etc.

Emergency Care: Your signature at the end of this document indicates that you (parent/guardian) and your son/daughter have read and understand all information in this Athletic Policy Handbook. Your signature indicates that you have given your permission for a coach, advisor, teacher or other school personnel to transport or arrange for transportation for you son/daughter to a medical facility for treatment when they deem it necessary. You are also giving your permission to have you child receive diagnostic, therapeutic and operatic procedures deemed necessary by professional medically trained individuals so that no unnecessary delays will occur with treatment.

As a student participant in athletics/activities, I have read and agree to abide by the rules and consequences as detailed in the Athletic Parent/Student Handbook.

 Student Date

 Parent Date

Sports participating (please circle)

Volleyball Football Basketball Wrestling Track Baseball Softball Cheer Dance Soccer Tennis