

STEAMBOAT SPRINGS SCHOOL DIST. RE-2
325 7th Street
Steamboat Springs, CO 80487
970-879-1058

STEAMBOAT SPRINGS MIDDLE SCHOOL

AUTHORIZATION FOR ATHLETIC PARTICIPATION

PLEASE PRINT

Grade (circle)

Name: (Last, First, M.I.) _____ 7 8

Address: _____

Name of Parent/Legal Guardian: _____

PHYSICIAN'S STATEMENT

"I certify that I have on this date examined this student and that, on the basis of this examination and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, except for those crossed out below."

Basketball

Track

Cross-Country

Volleyball

Football

Wrestling

Date of Examination: _____

Signed: _____ MD

Date: _____ Phone: _____

PARENT OR LEGAL GUARDIAN PERMISSION

By its nature, participation in interscholastic athletics includes 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 the risk. Participants can and have the responsibility to help reduce the chances of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program and inspect their own equipment daily.

By signing this Permission Form, we acknowledge that we have read the above information. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM**

I hereby give my consent for the above named student:

1. To represent his/her school in approved athletic activities except those crossed out in this booklet by the examining medical doctor.
2. To accompany any school team of which he/she is a member on its out-of-town trips. The athletes will be transported to and from all events on school district vehicles. Parents wishing to have their students ride with them when returning from an event must make arrangements with the coach in charge.
3. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel.

I further agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the proper course of such athletic activities or travel.

Signature: _____ Date: _____
parent/legal guardian

I have read the foregoing and will abide by the principles and regulations contained therein.

Signature: _____ Date: _____
student

ATHLETIC INSURANCE WAIVER

I fully understand that the Steamboat Springs School District does not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic athletics. I fully understand that I must provide insurance coverage for my son/daughter.

Signature: _____ Date: _____
parent/legal guardian

My son/daughter is presently covered under a policy issued by:

(Insurance Company)

Signature: _____

I wish to enroll my son/daughter in a supplemental insurance program offered by an insurance company authorized by Steamboat Springs School District.

Signature: _____

NOTE:

THIS FORM MUST BE COMPLETED IN ALL DETAIL AND FILED IN THE OFFICE OF THE PRINCIPAL BEFORE THE STUDENT WILL BE ALLOWED TO PRACTICE OR COMPETE IN ATHLETICS.