

# Joint School District No. 2 Student Participation Form

## Notice of Risk for Student Athletes

We give our permission for \_\_\_\_\_,  
(student's name)  
to participate in \_\_\_\_\_ at \_\_\_\_\_.  
(Sports Activity) (School)

We realize that such activity involves the potential for injury which is inherent in all sports. We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

We, the undersigned, understand the dangers of practicing, playing and participating in sports. We specifically acknowledge we have carefully read and understand this Notice of Risk for Student Athletes.

## Emergency Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Parent's (Guardian) Name \_\_\_\_\_  
Address \_\_\_\_\_ Current School \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent's daytime phone number: \_\_\_\_\_  
If parents cannot be contacted notify \_\_\_\_\_ Phone \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Dr. Phone \_\_\_\_\_ Known Allergies \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ If student is not insured, parent assumes all medical responsibilities.

**We give our consent for coaches or school personnel to use their judgment in securing medical aid and ambulance service in case the parents cannot be reached. Yes \_\_\_ No \_\_\_**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date