

**Severance Middle School/Weld RE-4 School District
Sports Participant Form**

Name: _____ Sex: _____ Grade: _____ Age: _____

Address: _____ City/State/Zip: _____

Parent/Guardian: _____ Parent/Guardian: _____

Parent Cell Phone: _____ Parent Cell Phone: _____

Class of:

In An Emergency, if Parents cannot be reached, notify:

Name: _____ Phone: _____

Family Physician _____ Phone: _____

Athletic Insurance Waiver

By my signature below I fully understand that Windsor School District Re-4 does not provide any accident or health insurance coverage for my son or daughter while participating in interscholastic athletics or any other school activity. I fully understand that it is my responsibility to provide accident/health insurance coverage for my son/daughter and that my son or daughter may not participate in any athletic activities without proof of insurance as stated below. Please check one of the options below.

_____ I have health/medical insurance coverage for my son or daughter

Company _____

Policy/Group # _____

OR

_____ I have purchased student insurance online through Markel Insurance

(Attach copy of confirmation from website)

First:

Parent/Guardian Signature

Date

****Physician Permit for Athletic Participation****

I hereby certify that I have examined _____
and that the student was found physically fit to engage in interscholastic athletics. Any exceptions should be noted and attached to this form.

Date of physical: _____

Signed: _____

(Valid for 365 days unless rescinded) Physician (Must be signed by MD, DO, NP, PAC, or DC)

Please Print

PHYSICIAN'S NAME:

PHONE NUMBER: _____

Last:

Parent or Legal Guardian Permission Form

Although participation in supervised interscholastic athletics and activities may be one of the least hazardous activities in which students will participate in or out of school, by its nature participation includes risk of injury, which may range in severity from minor to long-term catastrophic. 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 chance 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.

I hereby give my consent for _____
to compete in athletics for Severance Middle School in approved sports, except as noted on this form.

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

I further acknowledge that the above named student is a resident of the Weld RE-4 School District or has permission from school authorities to attend school under school of choice policies or through waivers.

I agree to comply with District policies, school rules, and provisions of the Athletic Handbook which may be published by my school which may include a code of conduct, and other information and to abide by all eligibility requirements that may be established for participation by my coach, school rules, and Board of Education Policies.

No student shall represent their school in interschool athletics until there is a statement on file with the superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that he/she has passed an adequate physical examination within the past year, noting that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, the student is physically fit to participate in athletics; and that the student has the consent of his/her parents or legal guardian to participate; and, the parent and participant have read, understand and agree to the guidelines for eligibility.

By signing this Permission Form, we acknowledge that we have read the above information. Parents or students who do not wish to accept the risks described in this document should not sign this form.

Student Signature

Date

Parent/Legal Guardian Signature

Date

Note: This form must be completed in detail and filed in the office of the Athletic Director before the student will be allowed to practice or compete in athletics.