

GRINNELL-NEWBURG COMMUNITY SCHOOLS

STUDENT PARTICIPATION FORM

Student Name _____ School Year _____ Grade _____

PARENT/GUARDIAN PERMISSION & INSURANCE INFORMATION

I understand that my child will be asked to pay the cost of school equipment lost or stolen while in his/her care.

Permission to participate in athletics for the Grinnell-Newburg Community School District is entirely voluntary on my part and is made with the understanding that I have read the eligibility and good conduct rules and regulations of participation (located in the student handbook) and that I will abide by these to the very best of my ability. I have received a current physical examination and filed this examination form that includes health and injury information with the Athletic Office.

I understand that there is some danger in all athletics and injuries occur; but I must assume some of the responsibility to prevent injuries from occurring.

I understand that athletic competition includes an inherent risk of injury; including the risk of catastrophic injury and that the school carries no health or accident insurance on my child.

All students participating in athletics must be covered by medical insurance. Please complete the option below that pertains to coverage for your child.

_____ My son/daughter is covered by a family health/accident insurance policy.

_____ I have purchased Student Accident Insurance for my child.

Dated this _____ day of _____, 20__.

Parent/Guardian Signature

Student/Athlete Signature

FORM MUST BE SIGNED BY BOTH STUDENT/ATHLETE AND PARENT/GUARDIAN