

2019-20 LIBERTY HIGH SCHOOL YOUTH SPORT CAMP

STUDENT PARTICIPANT INSURANCE AND PARENT CONSENT FORM

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARENT /GUARDIAN NAME(S) \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_

EMERGENCY CONTACTS

If Parent/Guardian cannot be contacted in an emergency, please contact:

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHYSICIAN PHONE \_\_\_\_\_

INSURANCE

I clearly understand that it is the school district's policy that all students participating in extracurricular athletic activities must have insurance and that the school cannot pay any medical costs resulting from injury to a student.

I HAVE PURCHASED SCHOOL INSURANCE: ( ) YES ( ) NO I HAVE MY OWN INSURANCE: ( ) YES ( ) NO

INSURANCE COMPANY \_\_\_\_\_ PHONE: \_\_\_\_\_ POLICY# \_\_\_\_\_

STUDENT HEALTH PROBLEMS

CIRCLE IF APPROPRIATE: ASTHMA DIABETES EPILEPSY BEE STING ALLERGIES HEART PROBLEMS

OTHER HEALTH PROBLEMS (SPECIFY): \_\_\_\_\_

MEDICATIONS CURRENTLY ON: \_\_\_\_\_

ALLERGIC TO ANY MEDICATIONS, PLEASE NAME: \_\_\_\_\_

PARENTAL CONSENT

I hereby release, discharge and/or otherwise indemnify PUSD and (Camp/Program Name) \_\_\_\_\_, its affiliated organizations, sponsors, officials, officers, employees, representatives, agents, servants, or volunteers, and associated personnel, including the owners of fields and facilities utilized by the Activity from and against any claims, damages, or liability of any kind or nature for injury, death, or damage to personal property arising out of or in connection with my child's/ward's participation in this Activity; from whatever cause, including but not limited to the active or passive negligence of the PUSD and (Camp/Program Name) \_\_\_\_\_, its officials, officers, employees, representatives, agents, servants, volunteers, or other Activity participants, against any claim by or on behalf of the my child/ward as a result of the my child's/ward's participation in the Activity. This includes transportation to or from the Activity and social events associated with the Activity whether or not they are the result of negligence or any other cause.

I, the undersigned parent/guardian of the above-named student do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aide, treatment, or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while involved in the camp activities.

I/we give our permission for \_\_\_\_\_ to participate in the camp, realizing that the activities involve the potential for injury, which is inherent in all sports. I/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, the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I/we acknowledge that I/we have read and understand this warning.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_