

St. Vrain Valley School District Parent/Guardian Permission Form

Student Name (please print) Last First Grade Sex Phone#

I do not have insurance and will assume responsibility for payment of expenses incurred in the event of injury.

ACKNOWLEDGEMENT AND CONTRACT

ST. VRAIN VALLEY SCHOOL DISTRICT RE-1J ACADEMIC ELIGIBILITY & RESIDENCE VERIFICATION

I, DESIRE TO BE A PARTICIPANT IN ATHLETIC PROGRAMS AT HIGH SCHOOL. MY SIGNATURE ACKNOWLEDGES THE FOLLOWING:

WARNING: YOU MUST BE ENROLLED AT YOUR SCHOOL IN CLASSES WITH ENOUGH CREDITS PER SEMESTER/TRIMESTER TOWARD GRADUATION TO BE ELIGIBLE FOR PARTICIPATION IN ATHLETICS.

- 1. I reside in the attendance area for the school listed above... 2. I hereby authorize transportation to and from scheduled events... 3. Once properly signed, the student is subject to the St. Vrain Valley School District RE-1J Athletic Participation Code...

I have checked with the Athletic Director and Counseling Office and have enrolled in enough classes.

RESIDENCE VERIFICATION: I presently live with:

Parents Legal Guardian Relative (state relationship) Other (explain)

PARENT OR GUARDIAN PERMISSION

WARNING: Although participation in supervised interscholastic athletics and activities maybe one of the least hazardous in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC OR EVEN DEATH.

- 4. I HAVE READ AND UNDERSTAND THE RULES OF CONDUCT IN THE ST. VRAIN VALLEY SCHOOL DISTRICT'S ATHLETIC PARTICIPATION CODE AND AGREE TO COMPLY WITH THE PROVISIONS THEREIN.

Participant and parent/guardian have thoroughly read the statement and conditions stated above under the headings: Academic Eligibility & Residence Verification; Parent or Guardian Permission; Athletic Insurance Waiver; Acknowledgement and Contract.

I hereby give my consent for to compete in athletics for HIGH SCHOOL, in Colorado High School Activities Association approved sports except those crossed out: baseball, basketball, cross country, football, golf, gymnastics, soccer, softball, swimming, tennis, track & field, wrestling, and volleyball.

ATHLETIC INSURANCE WAIVER

I understand that the St. Vrain Valley School District DOES NOT provide accident insurance for students participating in school sports or any other school activity.

Check one:

- I have accident insurance coverage. Company Policy/Group # I have purchased student insurance made available through the St. Vrain Valley School District.

Student Athlete Date

Address

Parent/Guardian Date

Address

NOTE: Each high school is to keep on file in the school office a copy of the signed acknowledgement and contract for each participant. A signed copy MUST be on file prior to participation.

School Office Signature Date