

General Information and Insurance Waiver

(For Permanent File in Activities Office)

Sport _____ Date _____ Graduation Year _____

If you are a 7th, 8th or 9th grade student and plan to participate at the High School, you are required to participate in the High School boundary attendance area in which you live.

Student:

Student Name (Last) _____ (First) _____ (MI) _____

Student ID # _____ Home Phone # (_____) _____ Birthdate _____

Student Address _____ City _____ Zip _____

Date, school and address where you first entered 9th grade: _____

If you are a transfer student: List your prior school(s) and complete the attached Student Transfer Checklist:

Parent/Guardian:

Father's Name _____ Work Phone # (_____) _____

Cell # (_____) _____

Mother's Name _____ Work Phone # (_____) _____

Cell # (_____) _____

Family Physician:

Clinic Name _____ Dr.'s Name _____

Phone # (_____) _____ City _____ Zip _____

I/we have read and understand the following:

Athletic Fees:

- We understand that fees are refunded only if the athlete _____ is cut from the team or quits before the first official contest. (Student Signature)

Conflict Resolution Policy:

- We have read the enclosed conflict resolution policy and _____ agree to follow the steps described if needed. (Parent/Guardian Signature)

Insurance: Yes, we wish to purchase the insurance offered through the school

No, we do not wish to purchase the insurance offered through the school

Athletic Insurance Waiver – MUST BE SIGNED AND DATED

We recognize that Independent School District 279 does not carry insurance to cover expenses incurred through injuries in the athletic program. We, (the undersigned) hereby release the School District from any claims and demands in connection with athletic injuries suffered by the student named below.

(Student Signature)

(Current Date)

(Parent/Guardian Signature)