

**IDAHO CITY HIGH SCHOOL
PERMISSION TO PARTICIPATE
AND
PROOF OF INSURANCE FORM**

(Name of Student)

(Sport or Activity)

I _____ give my permission for my son/daughter to participate as a member of the _____ team.

I understand that he/she will be subject to school rules and regulations governing extra-curricular activities.

I also understand that an element of risk is involved in any athletic contest, to include but not limited to sprains, muscle tears, broken bones, etc and that student athletes must follow coaching instructions in order to minimize the risk of injury.

Insurance coverage is required for all athletes prior to participation in any athletic event. The school district has insurance available to students. If students do not have insurance through the school, they must provide their own.

I acknowledge that my son/daughter may be injured and that I will be responsible for ALL medical cost involved in his/her treatment regardless of insurance coverage.

(Parent/Guardian signature)

(Date)

(Insurance Company)

(Policy #)

STUDENT ACKNOWLEDGEMENT

I agree to follow the school rules and participate in good faith as a member of the Idaho City _____ Team. I understand that I am responsible for any equipment issued to me and will return it in proper condition at the end of the sport season, or when I leave the team. I also understand that there is a risk of physical injury and I will follow the instructions given by the coach to help minimize that risk.

(Student Signature)

(Date)