

FOR OFFICE USE ONLY						Athletic Card Number _____				
SCHOOL YEAR _____		ASB _____		PHYS DATE _____		STUDENT # _____				
FALL:	FB	FP	GSOC	VB	GO	GSW	CC	BTE	CHEER	BWP
WINTER:	BBB	GBB	GYMN	WR	BSW	Dance	Cheer			
SPRING:		TR	BB	VB	BSOC	FP	GTE	GWP		

AUBURN SCHOOL DISTRICT ATHLETIC PARTICIPATION FORM

STUDENT NAME _____ M ___ F ___ GRADE ___ AGE ___ BIRTHDATE _____

PARENT NAME _____ PARENT'S CELL PHONE _____

HOME ADDRESS _____ HOME PHONE _____

CITY/STATE/ZIP _____

PARENT CONSENT/ASSUMPTION OF RISK

We hereby give our consent for our son/daughter to engage in interscholastic activities provided by the Auburn School District unless disapproved by the examining physician. We also give our consent for the student to accompany the team to other school venues. We will comply with and support the participation rules of the Auburn School District. This application to compete in interscholastic athletics in the Auburn School District #408 is made with the understanding that eligibility rules and regulations of the state association have not been violated. Competitive athletics is a voluntary extra-curricular activity and participation may result in severe injury, including paralysis or death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury.

AS A CONDITION OF PARTICIPATION IN ATHLETICS, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT.

★ Parent/Guardian Signature _____ Date _____

MANDATORY ACCIDENT INSURANCE (Check One)

_____ My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Auburn School District. Information regarding this plan is available through your child's school office. (OFFICE CONFIRMATION REGARDING PURCHASE)

_____ My son/daughter is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. The high school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Insurance Company: _____

Policy or Group #: _____

★ Parent/Guardian Signature _____ Date _____

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the Auburn School District's coaching staff to attend our son/daughter. We expect every effort will be made to contact us in order to receive our specific authorization before any treatment or hospitalization is undertaken.

★ Parent/Guardian Signature _____ Date _____

