

Activity Athletic Insurance Waiver

I understand that the Boulder Valley School District does not provide accident insurance for any student participating in school sponsored activity or athletic programming.

CHECK ONE:

- OR
- _____ I have other insurance coverage.
- _____ I do not have insurance and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter.

Signed: _____ Date: _____
(parent/guardian)

Parent Permission Form

**** WARNING: By its nature, participation in athletics and activities including off-season conditioning, sport camps and clinics includes a risk of injury, which may range in severity from minor to long-term catastrophic.**

Although serious injuries are not common in supervised sports activities, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury.

In addition, because of the frequent close proximity of players involved in athletics, there is a risk that a player(s) may become sick with COVID-19 (Coronavirus). To reduce potential exposure players must:

- (1) Comply with all COVID-19 related rules and guidelines as posted or directed by staff including but not limited to:
- social distancing before, during and after workouts,
 - wearing of masks,
 - arrival to and departure from campus per assigned schedule,
 - participation in screening process by honesty and accurately providing responses to screening statements,
- (2) Follow all sport specific safety rules
- (3) Follow requests while participating in conditioning program
- (3) Report all physical problems to their coaches or athletic trainers immediately
- (4) inspect their individual and school issued equipment daily.

Failure to comply with directions from an adult can result in removal from all current and future sports activities. By signing this permission form, I acknowledge reading and understanding this warning and the risks assumed.

I hereby give my consent for _____(name) to participate in athletic/activities sponsored by Boulder Valley School District.

Signed: _____ Date: _____
(parent/guardian)

Signed: _____ Date: _____
(student participant)

**Boulder Valley Activity and Athletic
Participant Emergency Information and Permission**

All information is required prior to participation

Student Name: _____ Gender: (M or F)
Address: _____ City: _____ Zip: _____
Parent/Guardian (P/G) Name(s): _____
Home Phone: _____ Student's D.O.B.: _____ Student's Age: _____
P/G #1 Phone (Day): _____ P/G #2 Phone (Day): _____
P/G #1 Cell: _____ P/G #2 Cell: _____
Parent/Guardian email address: _____

School Currently Attending: _____ Grade: _____

Name of Insurance Company: _____ Group/ID#: _____

List two **LOCAL** people who will temporarily care for your student if you cannot be reached:

During The School Day

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

After School Hours

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Address: _____ City: _____

Family Dentist: _____ Phone: _____

Address: _____ City: _____

HEALTH INFORMATION: List any significant or on-going health conditions relevant to school or athletics (severe allergies / epi pen, asthma , A.D.D., birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, medications, etc.) I hereby give my consent for medical treatment deemed necessary by physicians for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment. **PLEASE LIST IN THIS SPACE**

(PARENT/GUARDIAN SIGNATURE)

(DATE)