



Dear Parents/Guardians:

Your child has indicated that he/she would like to participate in the after school athletic program at their school for the 2020/21 school year. Student would be participating in:

- | | |
|----------------------|---|
| 1. Volleyball | 6. Baseball |
| 2. Softball | 7. Track and Field |
| 3. Girls' Basketball | 8. Cheerleading |
| 4. Boys' Basketball | 9. Cross Country |
| 5. Wrestling | 10. Knowledge Bowl (no Physical needed) |

Please complete the information and sign below in order for your son/daughter to participate in athletics. You will also need to complete and sign the liability waiver form, and pay the \$25.00 (per sport) Sports Participation Fee.

An up to date Sports Physical is required for participation in any sport or cheerleading activity. Sports Physicals are good for one year only, so please get a new one each school year. Sports Physical forms are available online and from the school office and school nurse.

SPORTSMANSHIP: We believe that sportsmanship is one of the most important aspects of athletic competition. Our players will compete in a sportsmanship manner (as well as the parents). While participating in games, being at games, and traveling to and from games, students are ambassadors for our school. The coaches, athletic director and/or principal will discipline players who do not conduct themselves in an appropriate manner. Disciplinary actions may include dismissal from the team.

Thank you,

Bart Nieuwenhuis
Athletic Director

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I give my child, _____, permission to participate in the Palominas Elementary School District Athletic Program for the 2020/21 school year and to travel by school bus to out-of-town games. I also give the coaches permission to use their judgement in case of injury.

Parent/Guardian Signature

Bus Stop

Home/Cell Phone Number

Work Phone Number

Emergency Contact Name

Phone Number

STUDENT NAME: _____

The following permission and verifications must be signed by the parent/guardian of the student.

PARENT/GUARDIAN PERMIT: I give my permission for my son/daughter to participate in organized school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

LIABILITY WAIVER: I understand that legally the school district has no financial responsibility if accidents occur to students while taking part in athletics.

INSURANCE COVERAGE: This is to certify that my son or daughter is covered by health and accident insurance.

NAME OF INSURANCE COMPANY: _____

Policy Number: _____

Check here if purchasing student activity insurance through school: _____

CONSENT FOR EMERGENCY CARE:

Be it known that I, the undersigned parent/guardian of the above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital, may be rendered, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year.

It is further understood that any expenses incurred will be paid for by insurance or parent/guardian of the student. Payment of expenses is not a school responsibility.

Parent/Guardian Signature

Home Phone Number **Work Phone Number**

Family Physician **Hospital**