

PIMA UNIFIED SCHOOL DISTRICT

Extra Curricular Participation Parent Consent

EMERGENCY INFORMATION

Player's Name _____ Grade _____

Parent/Guardian Name _____

Address _____

Cell Phone _____ Work Phone _____

Preferred Hospital _____

Chronic Ailments _____

INSURANCE VERIFICATION

We, the parents or guardians of _____ have insurance with _____

Student's Name

Insurance Company

policy number _____, that will pay the medical or surgical expenses that result from any injury, major or minor, that the above-named student may receive as a result of practicing or performing in athletics at Pima Junior or Pima High School. This insurance will also cover the above-named student while traveling to or from practice sessions or scheduled performances.

Since we, the parents or guardians of the above-named student, have an insurance policy which will provide adequate financial coverage for any type of injury or injuries or whatever might result there from, we, the parents or guardians agree to release the Pima Unified School District or any part thereof, from any obligation as pertains to financial responsibility in these matters for the 2016-2017 school year or any period of the time thereafter.

CONSENT FOR EMERGENCY TREATMENT FOR INTERSCHOLASTIC ACTIVITY INJURIES

I, _____, parent or guardian of _____, in consideration of my son's /daughter's (**circle one**) opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, and/or hospital in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an inter-scholastic activity team or group, and hereby waive on behalf of myself and the above named student any liability of the School District, any of it's agents or employees, arising out of such medical treatment.

I/we give permission for _____ to participate in extra curricular activities, including organized interscholastic athletics, realizing that such activities involve the potential for injury, which is inherent to all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility. On rare occasions the injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we understand this warning.

Signature of Parent/Guardian

Date

Signature of Athlete

Date