

CENTER POINT-URBANA HIGH SCHOOL STUDENT-PARENT ATHLETIC ACTIVITY INFORMATION

Name of Student:

Grade:

Both the student and a parent/guardian must read and sign where indicated.

Prior to participation in **PRACTICE** a student **MUST**:

- Have on file at the school a physician’s statement for the current school year, certifying that the student is physically able to, in the physician’s opinion, compete fully in athletic contests. The physician’s statement will allow participation for one calendar year, as per the Iowa Department of Education Policy.
- Have on file a Warning and Acknowledgment of Risk and Agreement to Obey Instructions Statement, Insurance for Extra-Curricular Activities Statement, a completed Emergency Information Form, and a Student-Parent Athletic-Activity Information Form.

Prior to participating in any Interscholastic Contests or Public Performances a student MUST have on file at the school an Acknowledgment of Eligibility Requirement and Good Conduct Code.

To be eligible to participate in an interscholastic contest or public performance, a student must meet all residency, enrollment, age, and academic rules and regulations established by the IHSAA, The IGHSAU, and Center Point-Urbana High School.

WE AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS AS SET FORTH BY THE IHSAA, THE IHSGAU, AND THE CENTER POINT-URBANA HIGH SCHOOL.

Parent/Guardian Signature

Date

Student Signature

Date

CHECK APPROPRIATE BOX OF ALL ACTIVITIES THAT MAY BE PARTICIPATED IN THIS SCHOOL YEAR.

- | | | | |
|-------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> VOLLEYBALL | <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> SOCCER |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> WRESTLING | <input type="checkbox"/> GOLF | <input type="checkbox"/> CHEERLEADING |
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> TRACK & FIELD | <input type="checkbox"/> DRILL TEAM |
| <input type="checkbox"/> ALL SPORTS | | | |

1. WARNING AND ACKNOWLEDGEMENT OF RISK:

Playing or practicing to play/participate in any sport can be a dangerous activity involving **many risks of injury**. The dangers and risks for playing or practicing to play/participate in the above sport/activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects to the body, general health and well being. The dangers and risks of playing or practicing to play/participate in the above sport/activity may result not only in serious injury, but in a serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

We have read and understand the above warning and acknowledge the risk where the possibility of sports/activity injury is explained. We realize there is a possibility that a child may suffer severe injury, including permanent paralysis or death, as a result of participating in school activities.

2. AGREEMENT TO OBEY INSTRUCTIONS

Because of the dangers of participating in the above sports/activities we recognize the importance of following coaches’/directors’ instructions regarding playing/performing techniques, training and other team/activity rules, and agree to obey such instructions.

Parent/Guardian Signature

Date

Student Signature

Date

INSURANCE FOR EXTRA-CURRICULAR ACTIVITIES (Back Page)

Center Point-Urbana School does not carry accident insurance to cover injuries sustained by your child while participating in sports or other extra curricular activities. As parents, you must either (1) indicate to us that your child is covered through your own family insurance plan, or (2) personally assume the cost of injuries sustained by your child.

Please check the appropriate box indicating your intentions in this matter. Sign in the space provided below and return it to the school with your child. Your child will not participate without this sheet being on file.

Our child is covered by other family insurance.

We understand that Center Point-Urbana Schools does not carry accident insurance to cover our child. We assume complete responsibility.

Parent/Guardian Signature

Date

Student Name - Please Print

CENTER POINT-URBANA EMERGENCY INFORMATION

Please Print Clearly

Student Name: _____ Birth Date: _____ Age: _____ Grade: _____

Father/Guardian Name: _____ Home Phone: _____

Business Phone: _____

Cell Phone: _____

Mother/Guardian Name: _____ Home Phone: _____

Business Phone: _____

Cell Phone: _____

EMERGENCY CONTACTS if parents are not available -

Will these people be responsible for your child? Yes No

1. Name: _____ Phone # : _____

Address: _____

2. Name: _____ Phone # : _____

Address: _____

Does your child have health problems we should know about? Please mention any allergies, drug reactions, physical disabilities, accidents, injuries of the past year, or regular medication taken:

Preferred Hospital: _____

Family Doctor: _____ Phone # : _____

Family Dentist: _____ Phone # : _____

The team coach may apply first aid treatment until the family doctor can be contacted. Yes No

I give my consent for coaches, trainer, and team doctor to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached. Yes No

Parent/Guardian Signature

Date