

Print Students Name

2018 -19
Grade

**COLBY PUBLIC SCHOOLS – USD 315
ATHLETIC INFORMATION/AGREEMENT**

(Return only this portion -- keep all other information for your referral)

I have read and fully understand and accept the conditions, rules, regulations and policies set forth in the foregoing information. I accept and will meet the necessary requirements governing athletic participation at Colby Public Schools. Furthermore, by signing below, I acknowledge that I have read the acknowledgement of risk statement.

ACKNOWLEDGEMENT OF RISK

I/WE GIVE OUR PERMISSION FOR OUR SON/DAUGHTER TO PARTICIPATE IN ORGANIZED INTERSCHOLASTIC ATHLETICS/ALL ACTIVITIES. REALIZING THAT SUCH ACTIVITY INVOLVES THE POTENTIAL FOR INJURY WHICH IS INHERENT IN ALL THE ACTIVITIES, I/WE ACKNOWLEDGE THAT EVEN 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, QUADRAPLEGIA OR EVEN DEATH.

Signature of Student

Date

Signature of Parent or Legal Guardian

Date

In case of an emergency, please list another contact, other than a parent or legal guardian, that may be contacted by the coach or sponsor in case the parent or legal guardian cannot be reached.

Name of Emergency Contact

Phone Number