

# Tri-County Area School Youth Athletic/Co-Curricular Participation Form

(All Participants must have this form on file prior to first participation.)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport/Activity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**Permission to Participate:** I hereby give permission for the above student to practice, compete, and represent Tri-County Area Schools. I agree to return all uniforms and equipment if issued to my student. If damaged, lost or stolen, I agree to reimburse the school for the replacement cost.

**Permission for Emergency Medical Care and Conveyance:** I grant permission for my student, in case of injury during participation, to be given emergency attention/care by the Athletic Trainer, a Physician or other medical personnel, and to be transported to an emergency medical facility if needed. I understand that all costs associated with such treatment will be the responsibility of the parent/guardian and that Tri-County Area Schools will assume no liability for the costs. I understand that injuries could occur as a result of participation, and these injuries could include minor bruising and abrasions, muscle strains, sprains, or broken limbs. I also understand that a catastrophic injury such as paralysis or death can occur due to athletic participation.

**Insurance Waiver:** I certify that I have adequate insurance coverage on the above student to cover medical expenses in the event of an athletic-related injury and that in the event that my insurance does not cover the full cost of medical bills, Tri-County will provide supplementary insurance to cover 50% of the remaining balance up to \$25,000.

**Parent-Athlete Code of Conduct:** By signing this form, we are attesting to the fact that we have read and agree to abide by the rules and regulations set forth in the Co-Curricular Code, and that full permission is granted to the above student to participate in Tri-County Youth Athletic/Co-Curricular Activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_