

**PARENT OR LEAGAL GUARDIAN PERMISSION FORM
RED OAK COMMUNITY SCHOOL DISTRICT**

Student / Athlete's name: _____

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor To disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problem to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this Permission Form, we acknowledge that we have read the above information. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

"I hereby give my consent for the above-named student,

1. to represent his/her school in approved athletic activities;
2. to accompany any school team of which he/she is a member on its local or out-of-town trips;
3. to receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel.

I further agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-Named student in the proper course of such athletic activities or travel."

Parent/Legal Guardian Signature: _____ **Date:** _____

"I have read the foregoing and will abide by the principles and regulation contained therein."

Student/Athlete Signature: _____ **Date:** _____

**ATHLETIC INSURANCE WAIVER
RED OAK COMMUNITY SCHOOL DISTRICT**

I fully understand that the Red Oak School District does not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic athletics. I fully understand that it is my responsibility to provide insurance coverage.

We, the parents/legal guardian of _____ have adequate accidental/health insurance coverage with the _____ Company, which provides adequate insurance coverage for my son/daughter while participating in interscholastic athletics.

Parent/Legal Guardian Signature: _____ **Date:** _____

A parent/legal guardian may elect to enroll the participant in a supplemental insurance program offered by an insurance company authorized by the school district. If you choose to purchase through this plan, check the box below and contact the building athletic administrator for additional information.

I plan to purchase supplemental insurance.

****** Permission and insurance wavier statements must be signed and returned with the physical and concussion forms to the Jr Sr High School office. ******

