**Off Season Activity Emergency Information**

*All information is required prior to participation*

Student Name: Gender: (❑ M or ❑ F)

Address: City: Zip:

Parent/Guardian (P/G) Name(s):

Home Phone: Student’s D.O.B.: Student’s Age:

P/G #1 Phone (Day): P/G #2 Phone (Day):

P/G #1 Cell: P/G #2 Cell:

Parent/Guardian email address:

School Currently Attending: Grade:

Name of Insurance Company: Group/ID#:

List two **LOCAL** people who will temporarily care for your student if you cannot be reached:

*During The School Day*

1. Name: Phone:

2. Name: Phone:

*After School Hours*

1. Name: Phone:

2. Name: Phone:

Family Doctor: Phone:

Address: City:

Family Dentist: Phone:

Address: City:

**HEALTH INFORMATION:** List any significant or on-going health conditions relevant to school or athletics (severe allergies / epi pen, asthma , A.D.D., birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, medications, etc.) I hereby give my consent for medical treatment deemed necessary by physicians for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment. ***PLEASE LIST IN THIS SPACE***

(PARENT/GUARDIAN SIGNATURE) (DATE)

**Off Season Activity Athletic Insurance Waiver**

I understand that the Boulder Valley School District does not provide accident insurance for any student participating in summer camps or any other school activity.

***CHECK ONE***:

\_\_\_\_\_ I have other insurance coverage.

OR

\_\_\_\_\_ I do not have insurance and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

(parent/guardian)

**Parent Permission Form**

**\*\* WARNING: By its nature, participation in off season conditioning/camps/clinics includes a risk of injury, this may range in severity from minor to long-term catastrophic.**

Although serious injuries are not common in supervised sports activities, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. Players must (1) obey all safety rules, (2) REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, and (3) inspect their equipment daily.

By signing this Permission Form, we acknowledge that we have read and understand this warning. PARENTS AND/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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate off season activities including open gyms, conditioning, camp or clinics for sports including: baseball, basketball, cross country, football, golf, gymnastics, lacrosse, skiing, swimming, tennis, track and field, wrestling, volleyball, soccer, softball.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

(parent/guardian)