

Name _____

Student # _____

Year 9 10 11 12

Last, First

Circle your sport(s) and/or activities

Fall: Football, Volleyball, Soccer, Cross Country, Cheer

Winter: Basketball, Wrestling, Swimming, Cheer

Spring: Baseball, Softball, Tennis, Track, Golf, Lacrosse

Activities: Marching Band, Color Guard, Drama/Play, Speech, Dance

FFA, FCCLA, DECA, Leadership, Generation College

Athletic/Activities Insurance Policy

Before a student is allowed to participation in co-curricular activities (practice or competition) he/she **must** be covered by major medical insurance. I understand that it is my responsibility to provide insurance coverage. If the participant is not covered by private insurance they have the option of purchasing District identified insurance. District identified insurance can be purchased through the athletic office at the high school. Parents or guardians also have the obligation to notify the athletic director if insurance is cancelled or terminated.

Please write the name and policy number of the company that covers your child. If he/she is covered by District insurance, write District insurance.

Insurance Company _____ Policy # _____

Authorization to Treat and Release Medical Information

In order to provide a safe and enjoyable experience for the student athletes at Hermiston High School, arrangements have been made for the athletic training and team physician services. Our athletic trainer position is funded through Good Shepherd Medical Services. Dr. Derek T. Earl, D.O., of Family Health Association provides voluntary services as team physician. Both the athletic trainer and team physician are available to any and all Hermiston High School student athletes for evaluation, consultation, and/or treatment in the event of an injury or illness, or at the request of the athlete, parents, coach, administration, or the patient's personal physician.

In the event of injury/illness, I give permission for _____ (student athlete's name)

to be treated by the Hermiston High School athletic training staff and/or team physician. I understand that treatment may include evaluation, treatment and referral to the team physician or other physician, withholding a student from sports participation, and/or releasing a student for sports participation. I also, understand that the athletic trainer and/or team physician may withhold any student athlete from sports participation because of an illness or injury, even if the student has been cleared by their personal physician. This decision is based on professional concerns for the student athlete and/or other student athletes' health and safety.

In the event of an injury/illness, it may be important for the athletic trainer and/or team physician to share medical information with physicians, coaches and high school administration. These injuries/illnesses may or may not be a direct result of athletic participation. By signing below, I authorize all departments of athletic professional staff (i.e. coaches, athletic trainer and team physician), athletic director, athletic department staff, and any other attending physician to share/discuss information regarding any injury or physical condition that may affect the athletic participation of the student athlete identified on this form. This information will be used to determine medical eligibility to participate in athletics and help in the diagnosis and treatment of any injuries or illness which may occur during or may affect sports participation.

Parent/Legal Guardian signature _____ Date _____

Printed name of parent/legal guardian _____

Student signature _____ Date _____

Waiver of Liability

I acknowledge that I have been advised, cautioned and warned by the District that by participating in the activity of _____ my child is exposed to the risk of serious injury including but not limited to the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment of the use of my child's limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my child's desire to participate in this activity. Should my child choose to participate in the above sport, I hereby further acknowledge that I do so knowing and understanding the risk of serious injury that I am exposing myself to in my sport(s).

In consideration for providing my child the opportunity of participating in _____, while fully recognizing the dangers and hazards inherent in participating in the above mentioned sport and any related transportation to and from events, to the fullest extent allowed by law, on behalf of myself and my minor child, I hereby voluntarily agree to waive and discharge any and all claims of whatever nature and release from liability, fully and finally, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and hold harmless the Hermiston School District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action, or demands including attorneys fees, arising out of any injuries of any kind, whether physical or emotional, to me, my child, or to our property, or losses of any kind which may result from or in connection with my child's participation in the sport. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of my child.

Parent/Legal Guardian signature _____ Date _____

Printed name of parent/legal guardian _____

Student signature _____ Date _____