

HORSESHOE BEND SCHOOL DISTRICT #73

Parental Permission to Participate in Activity Program

Dear Parent / Guardian:

Your child has signed up to participate in the sport of \_\_\_\_\_ for the \_\_\_\_\_ school year. Your permission is required before your child can participate in practices or games. Please read this agreement carefully, and sign where indicated.

1. My child, \_\_\_\_\_, has my permission to participate in the activity program named above.
2. I recognize that in order to have and to maintain eligibility to participate, my child must comply with all district and Idaho High School Activities Association regulations applicable to the activity. Interscholastic Activities policy #571 is available on the district's website.
3. I agree to enforce training rules at home and elsewhere while our student is in the activity program. Training Rules for Student-Athletes policy #571.5 is available on the district's website.
4. I give permission for the school district to drug test my child according to district policy #578 on Drug and Alcohol Testing of Student-Athletes. Drug and Alcohol Testing policy #578 is available on the district's website.
5. I have received a copy of team rules and expectations from the coach. I understand that the rules and expectations specific to the team may very well be more stringent than district policy. I also understand that these team rules and expectations have been cleared by the administration and will be enforced.
6. I recognize that the school district does not have, nor is it obligated to provide, medical insurance or compensation to the family to pay for expenses incurred as the result of an injury which occurs at practice, game, or other competition, or during a bus ride to or from an event site, of the activity named above. (The school district encourages each participant to carry some form of health insurance).
7. I understand that each student-athlete is required to have a current physical on file to show that he/she has medical permission to participate.
8. In case of injury or other medical emergency, in the event that the coach cannot reach the parents or the situation does not allow time to make this contact, I authorize the coach to use his/her best judgment to obtain necessary medical assistance at the event site and/or at the hospital.

**By signing below and returning this form to the coach, I agree to the above eight points:**

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

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Emergency Contact Form

Student-Athlete Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Allergies, medications, or special conditions \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

**Emergency Contact #1**

Name \_\_\_\_\_

Relationship to Student-Athlete \_\_\_\_\_

Phone # \_\_\_\_\_

**Emergency Contact #2**

Name \_\_\_\_\_

Relationship to Student-Athlete \_\_\_\_\_

Phone # \_\_\_\_\_