

Granger School District Activities/Athletics Clearance Form

Participant Name _____ Birthday _____ Sex _____
Grade _____ Physical Date _____ T-Shirt Size (Circle One) XS S M L XL XXL XXXL
Father's Name _____ Phone (H) _____ (W) _____
Mother's Name _____ Phone (H) _____ (W) _____
Emergency Contact Person _____ Phone _____

Medical Conditions

List any special condition(s), limitation(s), or medication(s) concerning the participant that the school and medical personnel should be aware of:

Medication(s): _____

Limitation(s): _____

Other conditions: _____

Insurance Information

Each athlete must be covered by insurance while participating in school athletics. The school does not provide insurance other than that which may be purchased through the main office. Please check the appropriate line below.

_____ Our child is covered by our family insurance plan. (Name of Company Providing Coverage) _____

_____ We will purchase the school insurance plan. _____ Our child is covered by Migrant Insurance.

_____ Our child is covered by Indian Health Service. _____ Other: _____

Medical Emergency Authorization Clearance Form

I authorize the coach, supervisor, trainer, or qualified physician or EMT (Emergency Medical Technician) to examine the above-named student, and in the event of injury/illness to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, deemed necessary to ensure proper care of any injury/illness. I understand that the supervisor and/or medical personnel will try to contact me or any other parent or guardian to explain the nature of the problem prior to any involved treatment. **By signing below, I authorize the administration of emergency medical services as listed above.**

Safety Guidelines and Injury Warning

I/We understand there is potential for injury and even death in all sports. I/We acknowledge that even with the best of coaching, use of proper protective equipment, and strict observation of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. **By signing below, I/We acknowledge that I/We have read and understand the Safety Guidelines/Warning Statements for our child's activity.**

Granger Activities Code & Parent Permission to Participate

By signing below, I acknowledge that I have read the Granger Activities Code for 2016-2017. I understand its contents, and I understand that the participant named above must agree to abide by the rules and regulations set forth in the code. I understand that participation in extra-curricular activities is a privilege, not a right, and that if the participant does not abide by the rules and regulations in the code, s/he may face disciplinary action which could affect his or her participation in extra-curricular activities in the Granger School District. I give permission for my child to participate in extra-curricular activities in the Granger School District.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____