

SIoux CITY COMMUNITY SCHOOL DISTRICT

SPORTS/ACTIVITIES AGREEMENT

Student's Name (Print) _____

School _____

School Year _____ - _____

AGREEMENT TO OBEY INSTRUCTIONS

(Both the student and a parent/legal guardian must read and sign this form before the student may participate.)

SPORTS/ACTIVITIES (Circle all sports/activities that apply.)

- | | | | |
|---------------|------------|----------|--------------|
| Football | Basketball | Track | Cheerleading |
| Volleyball | Wrestling | Baseball | Band |
| Cross-Country | Soccer | Softball | Drill Team |
| Swimming | Tennis | Golf | Other _____ |

I am aware and I understand that playing, practicing and participating in the above named sports/activities can be dangerous and may result in many RISKS OF INJURY. These risks include, but are not limited to, death; serious neck and spinal injuries which may result in complete or partial paralysis; brain damage; serious injury or impairment to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system which may affect my general health and well being. I understand that the dangers and risks involved in the above sports/activities may result not only in serious injury, but also in a serious impairment of my future abilities to earn a living; to engage in other business, social and recreational activities; and generally to enjoy life.

Because I recognize the dangers and risks of participating in the above-named sports/activities, I agree to obey all instructions regarding playing techniques, training and team rules.

I HAVE READ AND UNDERSTAND THIS WARNING AND AGREEMENT TO OBEY INSTRUCTIONS.

Student's Signature _____ Date _____

PERMISSION TO PARTICIPATE

Parent's/Guardian's Name (Print) _____

As the parent/guardian of the student named above, I have read the above warning and agreement to obey instructions signed by my child/ward. I understand that the activities in which my child/ward participates may involve, but are not limited to, the RISKS OF INJURY that are listed above.

I understand that the Sioux City Community School District does not purchase accident insurance for injuries incurred by my child at school and that I may purchase insurance to reimburse me for some or all of the costs of medical, hospital and other expenses which may result from injuries sustained by my child/ward while participating in the sports/activities listed on this form.

If you have purchased insurance to cover your child/ward, please provide the name of the company:

I HAVE READ AND UNDERSTAND THIS WARNING and hereby grant my child/ward permission and approval to participate in the above sports/activities that have been circled on this form.

Parent/Guardian Signature _____ Date _____