

ATHLETIC EMERGENCY FORM

Name of Student Athlete: _____ Grade: _____

Activities you will participate in this year: _____

List any known medical history that may be beneficial in case of injury or illness. Examples: Allergy, previous injury, medication, etc. _____

Family Doctor: _____ Address: _____

Phone: _____ Hospital to be transported to in case of emergency: _____

Parent Contact Information:

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

Name and phone number of person to contact in case parent or guardian cannot be reached:

Is the above person aware that he/she might be called if there is an emergency? Yes No

ATHLETIC INSURANCE COVERAGE

This form is to be completed and returned to the Norwalk Activity Office. Your coach may collect them and forward them to the office. This must be done prior to the end of the first week of practice.

Student's Name _____ Grade _____

WE HAVE OUR OWN FAMILY PLAN INSURANCE WHICH COVERS THE ATHLETE.

Provider _____ Member # _____

For information regarding other insurance options, please contact the Athletic/Activities Office.

Parent/Guardian Signature _____

Date _____

CONCUSSION AWARENESS

IMPORTANT: Students participating in interscholastic athletics, cheerleading & dance, and their parents/guardians must sign the acknowledgement below & return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled,
"HEADS UP: Concussion in High School Sports"

Student's Signature _____

Date _____

Student's Printed Name _____

Parent/Guardian Signature _____

Date _____

Student's School _____

Parents or Guardians Permission

I HEREBY GIVE CONSENT FOR _____ Grade _____
(1) TO REPRESENT THE SCHOOL IN ATHLETIC ACTIVITIES, PROVIDED THAT THE ACTIVITY IS APPROVED BY THE STATE ASSOCIATION. (2) TO ACCOMPANY ANY SCHOOL TEAM OF WHICH HE/SHE IS A MEMBER ON ANY OF ITS LOCAL OR OUT OF TOWN TRIPS. I AUTHORIZE THE SCHOOL TO OBTAIN, THROUGH A PHYSICIAN OF ITS OWN CHOICE, ANY EMERGENCY MEDICAL CARE THAT MAY BECOME REASONABLE NECESSARY FOR THE STUDENT IN THE COURSE OF SUCH ATHLETIC ACTIVITIES OR SUCH TRAVEL.

SIGNATURE OF PARENT/GUARDIAN

DATE

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**NORWALK SCHOOL ACTIVITY DEPARTMENT PARENT / PARTICIPANT
ACKNOWLEDGEMENT OF Board Policies 503.4, 503.4R1, & 504.6**

As the parents / guardian of: _____
(Name of Participant)

I hereby acknowledge that I have read and understand the Norwalk School Board Policies 503.4 (Good Conduct Rule), & 503.4R1 (Good Conduct Rule Enforcement), and 504.6 (Student Activity Program), as they appear in they appear in the Student Handbook found on the Norwalk Community Schools website (www.norwalkschools.org).

Parent / Guardian Signature _____ Date _____

Participant Signature _____ Date _____

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: NORWALK SCHOOL DISTRICT IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR ANY OTHER WAY INVOLVED IN FOOTBALL, CROSS COUNTRY, WRESTLING, BASKETBALL, TRACK, TENNIS, GOLF, SOCCER, BASEBALL, SOFTBALL, CHEERLEADING, DRILL TEAM OR VOLLEYBALL FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF NORWALK SCHOOL DISTRICT, ITS AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue, Norwalk School District and any of its employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Norwalk School District or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in the above named activities, incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that the above named activities may involve severe cardiovascular stress and violent physical contact. I understand the named activities involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that the named activities may involve a high risk of knee, head, and neck injury. In addition, I understand that participation in the named activities involves incidental thereto, including, but not limited to travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily participating in the named activities with the knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Norwalk School District and others listed for any and all claims arising as a result of my engaging in or receiving instruction in the named activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Iowa and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in Iowa.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up the legal right and/or remedies which may be available to me for the ordinary negligence of Norwalk School District or any of the parties listed above.

SIGNATURE OF PARTICIPANT

(DATE)

SIGNATURE OF PARENT/GUARDIAN

(DATE)