

FREMONT UNIFIED SCHOOL DISTRICT

Student Number _____

Student _____

Last Name First Middle Initial

Address _____

No. and Street City Zip

Phone _____ Birthdate _____ Age _____ Grade _____

Dear Parent

Any student taking part in the school athletic program must be insured against injury. If you do not have insurance, you may obtain it through your own agent or purchase student insurance through Myers-Stevens. If you now have adequate insurance covering sports participation, providing a minimum of \$1500 accidental injury coverage, please furnish information on the space provided on the right side of this form.

PROTECT YOURSELF!

- 1. Most insurance policies do not pay the full amount of medical charges because of various reasons.
2. Dental coverage is usually to natural teeth only and is limited.
3. Some insurance policies pay nothing for accidents unless the victim is hospitalized.

FOOTBALL INSURANCE IS EXTRA RISK INSURANCE and must be handled separately. The district has plans available to insure for football accidents only.

OTHER SPORTS: The district also has available a plan that covers students for all other sports and authorized school activities.

SEE YOUR COACH FOR DETAILS AND FORMS

Insurance must be Provided Prior to the First Day of Practice

-----STUDENT LOCATOR AND EMERGENCY INFORMATION-----

Parent's or Guardian's Name _____ Phone _____

Address _____ Work Phone _____

If you cannot be reached in case of emergency, whom do you wish to be notified:

Name _____ Relation to Student _____ Phone _____

Address _____ Work Phone _____

If injury is of a serious nature, do you wish to have your family physician care for your child? Yes _____ No _____

PARENT CONSENT

IT IS THE RESPONSIBILITY OF EACH SCHOOL DISTRICT TO INFORM EACH PARENT OF THE POTENTIAL DANGERS THAT EXIST WHEN PARTICIPATING IN INTERSCHOLASTIC ATHLETICS, WE REQUEST THAT YOU READ THE STATEMENT BELOW AND SIGN YOUR ACKNOWLEDGEMENT.

I am aware of the potential dangers of participation in interscholastic athletics. I realize that there is a risk of being injured in all sports no matter how many precautions are taken. I realize that this risk of injury may be severe including varieties of fractures, concussions, brain injuries, paralysis, or even death. I further realize that my son/daughter needs to follow carefully all of the guidelines given by the coaching staff regarding training rules, safety procedures, proper use of equipment, legal and safe playing techniques and all other safety procedures. I understand that even if all the above is done, my son/daughter may still incur injury through participation in athletics.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT

Student Signature _____ Sport _____ Date _____

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND I GIVE MY PERMISSION FOR MY SONE/DAUGHTER TO PARTICIPATE IN ATHLETICS AT HORNER JR HIGH. I ALSO GIVE MY PERMISSION FOR THE ABOVE STUDENT TO BE TRANSPORTED TO AND FROM ATHLETICE CONTESTS AS NEEDED. BY SIGNING THIS FORM, I GIVE PERMISSION FOR MY CHILD'S COACH OR OTHER DESIGNATED REPRESENTATIVE TO CONSENT TO EMERGENCY MEDICAL TREATMENT IN THE EVENT I CANNOT BE REACHED.

Parent/Guardian's Signature _____ Date _____

INSURANCE COVERAGE

This student is insured for accident by:

Name of Insurance Company

Street and Address of Insurance Company

If policy is held through employment please give this information:

Employment

Employer's Street Address

City State Zip