Print Student Name:

USD #410
HILLSBORO MIDDLE/HIGH SCHOOL
PERMISSION TO PARTICIPATE

The following form must be signed and returned to the activities office before your student will be allowed to participate in any extra-curricular activity. Further, the KSHSAA physical and parental permission form must be on file in the activities office before practice or participation in sports activities can occur.

"WARNING ON POSSIBLE INJURY AND AGREEMENT TO OBEY INSTRUCTIONS"

The following is a warning that by playing sports you may suffer minor injuries such as cuts and bruises, lifetime injuries including complete or partial paralysis and/or death. You are further warned that the danger and risk of playing or practicing sports or cheerleading, may result not only in serious injury, but in serious impairment of your future ability to earn a living, to engage in other business, social and recreational activities.

Further, you are warned of the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction.

We, as students and parents of students, have read the warning concerning injuries and death while participating in sports and the warning concerning following safety and coaching instruction, and do agree and consent to the participation of the undersigned dependent in sports and organized athletic activities at and for HILLSBORO MIDDLE/HIGH SCHOOL.

_____ _____ _____ _____
Student (Signature) **Date** **Parent or Guardian (Signature)** **Date**

CONSENT FOR TREATMENT

(We)(I), the parent(s) and legal guardian(s) of the above named student consent to and authorize, for the school year 2018-19 any representative of USD #410 to determine need for medical treatment by any physician and dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, Kansas Statutes Annotated 65-2801 and any hospital, as a result of injury or illness of an emergency nature while engaging in an activity sponsored by USD #410. We also give permission for him/her to be treated with basic first-aid including over-the-counter medications, while excluding all prescription medications. The above named student is allergic to _____.

(We)(I) agree to pay and assume all responsibility for all medical and hospital expenses and any services of an emergency nature, and charges for (my)(our) dependent(s), and that the school is not responsible for any medical hospital expenses and charges that are incurred in the medical treatment or hospitalization of (my)(our) dependent(s).

A photocopy of this document shall have the same force and effect as the original.

_____ _____
Parent or Legal Guardian **Date**

To enable USD #410 to give better service in case of an injury, we would appreciate your cooperation in providing us with the following information:

Family Doctor _____

Medical Insurance Co. _____ Policy #_____

If you do not have medical insurance, you are strongly encouraged to acquire some. USD #410 does have a Catastrophic Plan for athletics but this plan only begins paying after the first $25,000 of expense for any one injury. We can provide your son/daughter athlete with an individual medical plan. If you are interested, please contact the Activities Director.

Please mark the sports/activities you plan to participate in: ☐ High School ☐ Middle School

Sports

Fall	Winter	Spring
☐ Cross Country	☐ Basketball	☐ Baseball
☐ Football	☐ Wrestling	☐ Golf
☐ Tennis-Girls		☐ Softball
☐ Volleyball		☐ Tennis-Boys
		☐ Track

Activities/Clubs

☐ Cheerleading	☐ Art Club	☐ GAP	☐ Band
☐ Lifetime Fitness	☐ Big Brother/Sister	☐ LEO	☐ Choir
☐ Weightlifting	☐ Chess	☐ Scholars Bowl	☐ Drama
☐ Forensics	☐ FCCLA	☐ Stuco	☐ SNC
☐ Yearbook	☐ FFA	☐ TSA	☐

Revised: March 2018