

**PARENT/STUDENT ACTIVITY
PARTICIPATION STATEMENT
SURPRISE LAKE MIDDLE SCHOOL**

Student Name (please print)

Sport playing

NOTIFICATION OF POTENTIAL INJURY

STUDENT

I understand that there is a risk of injury in athletic participation. I understand that the dangers and risks of playing or practicing in sports include but are not limited to serious neck and/or spinal injuries which may result in brain damage, paraplegia, quadriplegia, serious injury to virtually all organs and/or bones, and in some cases death. I have read the above and recognize the dangers of participating in athletics. I also recognize the importance of following the coaches instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions. I recognize the Fife School District athletics will have top priority demonstrated by a commitment to practices and contest as directed by the coaches.

PARENTS

I, realize that athletic participation can involve MANY RISKS OF INJURY, including but not limited to those risks listed in the student section. I hereby grant permission for my child to participate in athletics. I agree that the Fife School and/or authorized employees of said District shall not be held liable for accidents or injuries received by my son/daughter while engaged in athletic activities sponsored by District. I further agree that the Fife School District, authorized employees or student organizations will not be responsible for payment of medical service resulting from such accidents or injuries.

NOTIFICATION OF NEED OF ATHLETIC INSURANCE COVERAGE

I, the undersigned, understand that the above named student should not participate in interscholastic athletics unless he/she is covered by accident insurance that will cover interscholastic athletics. We are also aware that we can purchase school insurance by accessing insurance forms located in Surprise Lake Middle School's main office. We accept full responsibility for the cost of treatment for any injury our child may suffer while participating in an interscholastic athletic program. SPECIAL NOTE: Many plans do not cover interscholastic athletics.

The signatures indicate that the persons signing have read the material above and agree to all requirements and/or conditions listed.

Parent Signature (Blue or Black ink only)

Student Signature (Blue or Black ink only)

Date _____