

**Rifle Middle School**

**Activities Handbook - forms only**



**2022-2023**

# Policy Agreement/Parent Consent and Release of Liability Form

## Student and Parent Contract / Permit for Athletic Participation

I HEREBY GIVE MY CONSENT for \_\_\_\_\_, my son/daughter, to compete in activities for Rifle Middle School, in Colorado High School Activities Association approved programs, except those indicated on the physician's statement form; to accompany any school team of which he/she is a member on its local or out-of-town trips; and to receive emergency medical care which may become reasonably necessary in the course of such activities or related travel.

I hereby certify and understand that I and my student are accountable to the contents of the Garfield School District No. Re-2/Rifle Middle School Activities Handbook and agree to abide by its contents.

I certify that I understand it is my responsibility to provide accident insurance coverage for my son/daughter and this statement releases Garfield School District No. Re-2 of financial responsibility in case of accident/injury to my son/daughter while he/she is participating in interscholastic activities and/or extra-curricular activities. I agree to keep such insurance in force and effect; and I hereby assume full and complete financial responsibility relative to any injury or accident that occurs while my child participates in the activity, or travels to and from such an activity.

I understand the cost of such medical care is my responsibility. I further agree not to hold the School District or anyone acting on its behalf responsible for any injury occurring to the student in the course of such activities or related travel.

WARNING: BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES SERIOUS RISK OF INJURY/ILLNESS WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-LASTING CATASTROPHIC OR EVEN DEATH. Although serious injuries and illnesses are uncommon in supervised school programs, it is impossible to eliminate this risk (including but not limited to MRSA, influenza, and Coronavirus). Participants have the responsibility to help reduce the chance of injury and infection. Players must obey all rules, report all physical problems to their coaches, follow a proper conditioning/cleaning program, and inspect their equipment daily. BY SIGNING THIS FORM, WE ACKNOWLEDGE THAT WE UNDERSTAND THIS WARNING. Parents or students who do not wish to accept the risk described in the warning should not sign this permission form or participate in the activity.

I hereby consent to emergency treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child, by a physician, qualified nurse, contracted Garfield School District No. Re-2 athletic trainer, and/or hospital, in the event of injury or illness as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and my child any liability of Garfield School District No. Re-2, any of its agents or employees, arising out of such medical treatment. By signing this form, I grant permission for my child's medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby certify that I understand my son/daughter will be required to undergo baseline cognitive testing.

I hereby certify that I understand that my son/daughter may be photographed by the Garfield School District No. Re-2 and that my child's name and likeness (photographic, video, and electronic images) may be used in printed and electronically published materials (including, but not limited to community television, broadcast television, newspaper, Internet, and cable) distributed by the school district and the news media.

I understand that the participation fee shall be paid within the first two weeks of the start of the activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

No student shall represent their school in extracurricular activities until there is a statement on file with the superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that he/she has passed an adequate physical examination (if required) within the past year, noting that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, is physically fit to participate in middle school extracurricular activities; that the student has the consent of his/her parents or legal guardian to participate; and, the parent and participant have read, understand and agree to the guidelines for eligibility.

# Emergency Medical Release Form

\_\_\_\_\_  
Student printed name

The undersigned parent/legal guardian hereby grants permission to the Garfield School District Re-2 and their duly authorized representatives to consent to first aid, emergency medical care and all other medical or surgical care they deem reasonably necessary to the health and wellbeing of my child. Also, when necessary for executing such care, I grant permission for hospitalization at an accredited medical facility.

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Chronic illnesses, allergies, etc: \_\_\_\_\_

Current medications: \_\_\_\_\_

Additional adult contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## Health/Accident Insurance Information

I fully understand that Garfield School District Re-2 **does not** provide accident or health insurance coverage for my child while he/she is participating in interscholastic athletics or extracurricular activities. However, such insurance is made available by the school district through an authorized agent. I further understand that it is my responsibility to provide accident insurance coverage for my child.

This statement releases Garfield School District Re-2 of financial responsibility in case of accident/injury to my child while he/she is participating in interscholastic activities and/or extracurricular activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

## Health/Accident Insurance Waiver

My child is not insured, I elect him/her not to be insured, and I am assuming the risks of injury to my child named above and shall absolve Garfield School District Re-2 and staff members of any and all financial responsibility for injuries occurring while participating in interscholastic activities.

\_\_\_\_\_  
Parent/Guardian Signature