Arickaree/Woodlin Sports COOP

Summer Participation Information

Parent or Guardian: This form must be thoroughly completed and signed before your child will be allowed to participate in summer activities starting June of 2020.

|  |  |  |  |
| --- | --- | --- | --- |
| Student's Name | (Please Print) | Date of Birth  | \_\_/\_\_/\_\_(cannot be 19 prior to Aug. 1) |
| School |  | School Year | Grade |

# Insurance Acknowledgment

Arickaree and Woodlin Schools DO NOT carry any form of accident or medical insurance to pay medical costs should your child be iniured. In order for a student to participate in Arickaree/Woodlin Athletics, parents/guardians must carry adequate health insurance or be enrolled in an independently offered insurance program for their child. Information on available insurance options can be found at kandkinsurance.com.

1. I maintain adequate personal health and accident insurance for my child.

2. I have enrolled my child in an accident insurance program through K & K Insurance (kandkinsurance.com) or a similar insurance program. If my child participates in football, I have purchased this option.

Insurance Company 

(Please Print)

(If I have insurance policy changes, it is my responsibility to notify the school's athletic office.)

# Parent or Guardian Permit

WARNING: Participation in interscholastic athletics includes a risk of injury, which may range in severity from minor to long-term catastrophic and perhaps fatal accidents could occur. Players must Obey all safety rules, report all physical problems to their coaches or athletic trainers, follow a proper conditioning program, and inspect their own equipment daily. In addition, because of the frequent close proximity of players involved in athletics, there is a risk that a player(s) may become sick with COVID.19 (Coronavirus). Players must obey all COVID-19 related rules and guidelines as posted. By signing this permission form, I acknowledge reading and understand this warning and the risks assumed. I hereby give my consent for my child to participate in athletic/activities sponsored by Arickaree/Woodlin Sports COOP.

I have read all the information on this page and have provided accurate information. I also authorize my child's coach and/or sponsor to secure emergency medical treatment in the event of an iniury or accident. Arickaree/Woodlin coaches and/or sponsors will attempt to contact parents or guardians as to the injury and/or accident.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian | (Print) | Parent Phone Number |
| Parent/Guardian | (Signature) | Date |

(Revised 6/8/2020)