

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 _____ Date of Birth ___/___/___(cannot be 19 prior to Aug. 1)
(Please Print)

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 injured. 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 injury or accident. Arickaree/Woodlin coaches and/or sponsors will attempt to contact parents or guardians as to the injury and/or accident.

Parent/Guardian _____ Parent Phone Number _____
(Print)

Parent/Guardian _____ Date _____
(Signature)

(Revised 6/8/2020)