

Sumner School District Athletic Department
Sumner School District After-School Sports Program
Parent Permission & Student Insurance Coverage Declaration Form

Student's Name: _____ **School:** _____ **School Year:** _____ **Grade:** _____

Elementary After-School Sports in which student intends to participate (*check all that apply*): _____ **Volleyball** _____ **Basketball** _____ **Track**

Participation in a Sumner School District Athletic Program requires a parent permission signature and accident/medical insurance before the student is allowed to turn out, practice or compete.

Parent Permission for Elementary After-School Program/Sports Travel

I hereby give permission for the student named above to engage in the interscholastic athletics listed above, for the 20____/20____ school year. This includes participation in before/after-school or lunch time practices/meetings, transportation to and from interscholastic events, and participation in intramural/interscholastic events. My son/daughter has chosen to participate in a Sumner School District athletic program. Some athletic programs are more dangerous than others. Accidents can happen, and risks of serious injury do exist. Your signature indicates that you have been advised of this information.

Parent/Guardian Signature: _____

Date: _____

Student Insurance Coverage

I understand that my son/daughter cannot participate in any Sumner School District athletic program unless he/she is covered by medical/accident insurance. Medical/accident insurance may be purchased through the student accident insurance protection plan, or the student may be covered by a family insurance plan. (NOTE: Student accident insurance protection plan is secondary coverage if parents have their own insurance plan.)

Please indicate by signing one of the spaces below, which option you plan to select.

Option #1 I/we are purchasing the student accident insurance protection plan for the 20____/20____ school year.

Parent/Guardian Signature: _____

Date: _____

Option #2 I/we have accident insurance coverage and will continue to keep it in force throughout the interscholastic season(s). Therefore, I/we do not wish to enroll _____ (*student's name*) in the student accident insurance protection plan. I/we accept full responsibility for the cost of treatment for any injury which he/she may suffer while participating in the athletic program. Please waive this requirement and allow him/her to participate in the program.

Parent/Guardian Signature: _____

Date: _____

(Sign only if waiving school insurance.)

Sumner School District Athletic Department

Athletic Emergency Information

Student's Name _____ Home Phone (w/area code) _____

Parent/Guardian(s) _____ Address _____ City/St/Zip _____

Father's Work Phone (w/area code) _____ Mother's Work Phone (w/area code) _____

Two persons you recommend we call in event you cannot be reached:

1. _____ Phone (w/area code) _____

2. _____ Phone (w/area code) _____

Preference of Physicians:

1. _____ Phone (w/area code) _____ Address: _____

2. _____ Phone (w/area code) _____ Address: _____

If neither physician is available, do we have your permission to transport your child by ambulance to an emergency care facility? _____

Preference of Hospital _____

Parent/Guardian Signature _____ Date _____

Insurance Company Name _____

MEDICAL INFORMATION (filled out by Parent/Guardian):

Major Illnesses _____

Current Medications _____

Allergies _____

Previous Head Injury _____ Date _____

INJURY RECORD:

Date Diagnosis & Therapy Days Lost Date Diagnosis & Therapy Days Lost

1. _____ 2. _____

3. _____ 4. _____