

DERRY COOPERATIVE SCHOOL DISTRICT

Consent and Indemnity Agreement for Interscholastic Athletics and Intramurals

(Please Print)

Student Name: _____ Grade 6 7 8
Last First Middle (circle one)

Address: _____
Street Town/State/Zip

Date of Birth: _____ Telephone Number: _____

Name of Parent/Legal Guardian: _____

List any Allergies: _____ Emergency Phone: _____

Health Insurance Carrier _____ Policy #: _____

Name of Sport: _____

By its nature, participation in interscholastic athletics includes risk of injury such as strained muscles, pulled tendons as well as serious injuries such as neck, spine, head, broken bones, and internal organ injuries. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I/We fully understand that the Derry Cooperative School District does not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic athletics. I/We fully understand that it is my/our responsibility to provide insurance coverage for my daughter/son.

"I hereby give my consent for the above named student:

1. to represent his/her school in approved athletic activities;
2. to accompany any school team of which she/he is a member on its local or out-of-town trips;
3. to receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or travel.

I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the proper course of such athletic activities or travel."

Signature: _____ Date: _____
Parent/Legal Guardian

" I have read the foregoing and will abide by the principles and regulations contained therein."

Student Signature: _____ Date: _____

NOTE: THIS FORM MUST BE COMPLETED IN ALL DETAILS AND RETURNED TO THE COACH OF THE SPORT THE STUDENT ATHLETE WILL BE PARTICIPATING IN BEFORE THE STUDENT ATHLETE WILL BE ALLOWED TO TRY OUT, PRACTICE OR COMPETE IN ATHLETICS.