

Eagleview Middle School Athletics Registration and Consent Form



Which sport are you registering for? _____ (only one sport per form)

Student Name: _____ Grade: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Information

Parent/Guardian: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian: _____

Work Phone: _____ Cell Phone: _____

Family Physician's Name: _____ Phone: _____

In the event that a parent/guardian cannot be reached:

Authorized Emergency Contact Person _____ Phone: _____

Please list any special health concerns and/or emergency information:

Parental Consent for Participation, Medical Treatment, and Riding the Bus

_____ has permission to participate in athletics at Eagleview Middle School. I understand the school does not provide student insurance and I am responsible for any medical expenses that may be incurred as a result of participation in this activity. I also acknowledge there are inherent risks involved in any athletic activity. In consideration of my child participating in this sport, consent is given for emergency medical treatment, hospitalization, or other medical treatment by a physician and/or hospital in the event of injury or illness, and waive any liability of Academy District20, its agents or employees arising out of such medical treatment. This activity may involve transportation on our buses, and I acknowledge there may be risks involved in riding the bus.

Parent(s) Signature: _____ Date: _____

_____ Date: _____

Return this form to the Athletics Office

\$60.00 Registration Fee for all sports except A/B Tackle Football which is \$100.00

Payments can be made online using Campus Pay in Infinite Campus or in-person with cash or check. Please make checks payable to Eagleview Middle School.

For Office Use Only

Amount paid _____ Check no. _____ CampusPay _____ Physical _____ Roster _____ IC _____

Release for School Sponsored Clubs and Intramural Sport Activities



Academy District 20 strives to provide a safe environment for school approved clubs and intramural sport activities that will stimulate and challenge students; we cannot guarantee an accident will not occur. Voluntary participation in supervised school clubs and sport activities may be one of the least hazardous environments any student is involved in. However, participation in some clubs and sports (e.g., football, soccer, karate, skate board, etc.), includes an inherent risk of injury which may range in severity from minor to long-term catastrophic injury. Although serious injuries are not common in supervised programs, it is impossible to eliminate all risk.

Students participating in a club or sport activity must obey all safety rules, report all physical problems to the club or sport activity supervisor and shall be responsible for the safe condition of their own equipment.

By signing this permission form, we acknowledge that we have read and understand this warning and understand the inherent risks associated with this club or sport activity. We further understand that we are responsible for obtaining any medical, accident, or other insurance that we deem appropriate; the district does not provide student accident insurance. Academy District 20 makes available to parent's student accident insurance information which may be purchased at parent's expense.

I understand that Academy District 20 and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity. These employees have not waived these protections and immunities and may also have certain legal obligations with respect to the activity.

By signing this form, I am not releasing the Academy District 20 and its employees from any of their legal obligations. However, on behalf of myself, my student, and our family and representatives, I release and hold harmless the Academy District 20 and its employees from and against all claims for any damages or injuries incurred by my student from any cause, including but not limited to my student's own misconduct or the actions or omissions of third parties. I understand that for purposes of this Release, the term "employees" includes Academy District 20 employees, and volunteers.

I hereby give my consent for my child _____
to participate in _____ at Eagleview Middle School for either the
duration of the club/sport activity or until my student chooses to quit the club/sport activity and I hereby
release the Academy District 20 and hold it and its employees harmless against any liability for injuries my
student may incur as a result of participating in the club or activity identified above.

Parent Signature: _____ Date: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____



Assumption of Risk Agreement to Hold Harmless and Emergency Release Form

As the parent/legal guardian of _____ (athlete's name), I/We understand that playing or participating in any sport can be a dangerous activity involving risks of injury, which may be serious. By signing below, the athlete and parent/legal guardian hereby assume all risks associated with participation and agree to hold Academy School District 20, the school, camp organization and their agents, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind. By signing below, the athlete and parent/legal guardian confirm that the athlete has been deemed physically able to participate in athletic activities by a physician.

Additionally, by signing below, the athlete and parent/legal guardian, in the event of a medical emergency in which the parent/legal guardian cannot be reached, grant permission to the physician selected by the school to hospitalize and secure proper treatment (including surgery) for the athlete and verify agreement to assume all costs for such treatment. Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. The parent/legal guardian and athlete agree to abide by all district/school/camp rules and comply with the reasonable authority of the staff.

This form applies to the following sport/camp/activity:

Sport: _____

Parent/Legal Guardian: Parents/Guardians who do not wish to accept the risks described in this warning should not sign the permission form.

Parent Printed Name:

_____ Signature _____

Date:

Home Phone:

Cell Phone:

Athlete: Athletes who do not wish to accept the risks described in this warning should not sign the permission form.

Athlete: If you accept the risks described above you need to sign this portion.

Athlete Printed Name _____

Signature _____ Date _____