

BANKS HIGH SCHOOL ACTIVITIES INSURANCE AND CONSENT FORM

PARENTS/GUARDIANS: Please complete this form and have your student return it to the high school office. This form must be completed yearly. Additionally, **current physical, insurance information and consent, contract, and participation fee must be turned in prior to the first day of practice**. {Please note: All athletes must have a current physical in order to participate. – Sports physicals are good for two years.}

Student Name _____ Grade _____

Address _____

Parent(s)/Guardian(s) Name(s) _____

Phone (H) _____ (W) _____ (Cell) _____

Person other than you to notify in case of emergency _____ Phone _____

Family Doctor _____ Phone _____

Please check all activities your student plans to participate in this school year:

Band Cross-Country Girls Basketball Softball

Baseball Dance Girls Golf Student

Council

Boys Basketball Equestrian Girls Soccer Track

Boys Golf FFA NHS Volleyball

Boys Soccer Football Robotics Wrestling

Choir

STUDENT INSURANCE **(Every participant must have insurance – either personal insurance or purchased school insurance.)**

The undersigned, the parents/legal guardians of _____, request that he/she be released from the obligation of carrying insurance under the regular school plan of School District #13, Banks, Oregon, for the above marked activities during this school year, including school sponsored summer activities, and in doing so, assume all the responsibility and risk for injuries that may be incurred as a result of his/her participation in the activity. The School District #13 is also assured by the undersigned that the above-named student is properly insured against such injuries by this insurance company.

NAME OF INSURANCE COMPANY _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ RELATIONSHIP _____

PARENTS/GUARDIANS CONSENT

The undersigned, the parent(s)/legal guardian(s) of _____, give our consent for him/her to participate for the Banks High School in OSAA approved activities, and to go with the coach on any trips in connection with this participation. We agree that in the event of the school's inability to contact us in an emergency situation, a licensed physician may take such action as is deemed necessary and proper to treat our child. We are aware of the standards which our son/daughter is expected to uphold, and we understand that participation in Banks high School Activities is a privilege which depends on our child's upholding those physical, moral, personal and academic standards. I hereby release and hold harmless Banks School District and any staff or volunteers related to this activity from any liability, illnesses, or expenses that may arise from my child's participation. I acknowledge that I am responsible for any and all medical expenses or other charges in connection with my child's/ward's participation in this activity.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Revised 1/22/21