

# JUNIOR HIGH AND SENIOR HIGH RELEASE AND PARTICIPATION FORM

*To Be Read and Completed by Parent/Guardian - Please Print*

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Student's Name (Print)	Grade	Sex	Birth date
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Your son/daughter has expressed a desire to participate in a Boise School District extracurricular/co-curricular activity. The information provided is vital for the successful experience. Please read the information carefully. If you have any questions, contact or call your child's advisor/coach or the school athletic director.

Recognizing that as a result of athletic participation, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency medical care, including tests, x-rays, surgery, and hospital care as may be deemed necessary under the then existing circumstances.

**FOR ATHLETIC PARTICIPATION ONLY:**

1. Before a student is allowed to practice or check out uniforms, they are required to *READ, SIGN, and RETURN* the Release and Participation Information document to the appropriate head coach.

5. I give my permission for my son/daughter to participate in the following extracurricular activities. Please *circle the activities* your student will participate in this school year:

2. Each student must have on file a passed physical examination followed by a yearly interim questionnaire completed by the parent. The examination or questionnaire must be completed prior to beginning practice. Cost incurred for the physical examination will be the responsibility of the parent/guardian.

<b>FALL</b>	<b>WINTER</b>	<b>SPRING</b>
Football	Boys Basketball	Baseball
Cross Country	Girls Basketball	Tennis
Boys Soccer	Wrestling	Softball
Girls Soccer		Track & Field
Volleyball		Golf
	Cheerleading	Dance

3. **NOTICE OF RISK:** Student athletes and the students' parent/guardian need to be aware that sport activities involve risk of injury. When an athlete practices, plays or participates in any sport, the activity can be dangerous. The student risks serious and permanent injury affecting their well being. Instruction given by the coach regarding playing techniques, training and team rules must be followed.

6. All student participants are expected to conform to the rules of scholastic eligibility, participation and training as prescribed by the Idaho High School Activities Association, the Boise School District, the athletic coaching staffs and activity advisors. ***This information will be reviewed prior to the start of the activity with each student participant. (Code of Conduct)***

4. The Independent School District of Boise City is not liable nor responsible for any medical, dental or hospital bills occurring as a result of injuries sustained by a student while participating in a school athletic activity or sport. All injury related expenses shall be the responsibility of the student's parents/guardians.

7. Transportation:

- a. The school district provides transportation for participants both to and from the location of the contest/activity during the normal school day that is, activities immediately following the school day.
- b. Participants must be transported by district transportation to and from events scheduled outside the city if the events begin before 4:30pm.
- c. Students may ride home from an event with parents if the coach or advisor grants permission.
- d. Students may provide their own transportation for Boise/Meridian District activities scheduled ***outside*** the regular school day (4:30pm).
- e. Certain activities may warrant the use of private carriers if the proper owner-operator vehicle form is completed and on file in the principal's office.

(Check One)

I have insurance that will pay for medical expenses if my son/daughter, \_\_\_\_\_ (First & Last Name) is injured while participating in a school sport.

I have purchased one of the United Healthcare Student Insurance Plans.

I do not have insurance for my son/daughter and understand that the school district is ***not*** responsible and will ***not*** pay any doctor, hospital and medical expenses if my child is injured while participating in any school sport.

I have read, understand, and will comply with all of the above information plus all District policies and procedures, including, but not limited to those listed in the Code of Conduct.

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(First and Last Name) of Student	Date	Signature of Student
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(First and Last Name) of Parent/Guardian	Date	Signature of Parent/Guardian
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