

# St. Vrain Valley School District

Student Name \_\_\_\_\_  
Grade \_\_\_\_\_ Gender: M F Phone \_\_\_\_\_  
Circle

## ACKNOWLEDGEMENT AND CONTRACT

I, \_\_\_\_\_ desire  
to be a participant in intramural/Activity programs  
representing Westview Middle School.

My signature acknowledges the following:

1. I reside in the attendance area for Westview, or I have received permission from appropriate school authorities to attend a school not in the attendance area of my residence.
2. I hereby authorize transportation to and from scheduled events in school district vehicles in accordance with School Policy (EEAD and EEAE).
3. Once properly signed the student is subject to the St. Vrain Valley School District RE-1J Code of Conduct during all school years in which he or she is eligible to participate.
4. I have read and understand the Code of Conduct as published in the St. Vrain Valley School District's Student-Parent Handbook and agree to comply with the provisions therein.

Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_

Note: Each secondary school will keep on the file in the school Office a copy of the signed acknowledgement and contract for each participant.

*A signed copy must be on file prior to participation*

## PARENT PERMISSION FOR INTRAMURAL PARTICIPATION

Participate: I am presently living with:  
\_\_\_\_\_ My Parents or Legal Guardian  
\_\_\_\_\_ A Relative - (state relationship) \_\_\_\_\_  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

### PARENT OR GUARDIAN PERMIT

WARNING - Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, by its nature PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC OR EVEN DEATH. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

Participants can help and have the responsibility to 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. By signing this Permission Form we acknowledge that we have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for \_\_\_\_\_ to compete in athletics for WESTVIEW MIDDLE SCHOOL.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### ATHLETIC INSURANCE WAIVER

I understand that the St. Vrain Valley School District DOES NOT provide accident insurance for students participating in school sports or any other activity.

- Check One: \_\_\_\_\_ Yes, we have our own Insurance Company
- \_\_\_\_\_ I have purchased student insurance made available through the St. Vrain Valley School District
- \_\_\_\_\_ I do not have insurance and will assume responsibility for payment of expenses incurred in the event of an injury.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_