

THIS PAGE MUST BE FILLED OUT COMPLETELY BY
PARENT/GUARDIAN

YUKON HIGH SCHOOL
SCHOOL INSURANCE WAIVER AND PARENTS APPROVAL
FOR PARTICIPATION IN ATHLETICS

I hereby certify that _____, _____
(Print Student Name) (Date of Birth)

has my approval to play at home or way from school on the athletic teams of Yukon Public Schools. I also give my consent for the above student to travel with the coach or other school representatives on any school sponsored trip.

I understand and realize that in case of injury in participating in school athletics, the Yukon School District and its employees are not legally liable for such injury, expense or incident thereto.

The parent/guardian grants permission of school employees to secure medical services for the above named student if it is deemed necessary in case of emergency. Yukon Schools and their employees do not accept liability for payment of any resulting bills from the above actions.

From time to time, your son/daughter will be dismissed from 7th hour sports to leave the school grounds to go home etc. These times when we have late practices, games, etc. In signing this form, you son/daughter will be released from 7th hour sports and school with your permission at the discretion of the coach.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to above named student.

In addition, **I Do/Do Not** wish my child, _____
(Print Student Name)

to take the insurance offered through the Yukon School system (which is purchased by the parent/guardian). In case of injury while participating in competitive athletics, I will assume full responsibility and relieve the school system and its employees from obligation. My child is fully covered to participate in competitive athletics under our policy:

(Name of Insurance Company)

(Policy Number)

(Phone Number of Insurance)

(Address of Insurance Company)

(Primary Card Holder Name)

(Date of Birth of Card Holder)

Today's Date _____

Parent Signature Required

Student Signature Required

PARENT/LEGAL GUARDIAN NAME: _____

HOME ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

BUSINESS PHONE: _____

*****IF NOT USING PERSONAL INSURANCE, IT IS YOUR RESPONSIBILITY TO OBTAIN
INSURANCE PROVIDED BY YUKON SCHOOLS.**