

FERN RIDGE SCHOOL DISTRICT 28J ACKNOWLEDGMENT OF RISK FORM

Student's Name: _____ Grade: _____

Address: _____

I, as parent, understand that the school district has made available an accident insurance program in which my son/daughter may enroll and that the program is optional and limited to the coverage specified in the brochure. I (We) realize there is a possibility that an athlete may suffer injury, including permanent paralysis or death, as a result of participation in athletic activities.

I further understand that the school district disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances, or paramedics, etc., arising out of or by virtue of an injury to my son/daughter while participating in such interscholastic competition or preparation thereof.

The above named student athlete has my approval to participate in the following interscholastic sports, and he/she is aware of the above stated risks.

	ALL SPORTS		Cross Country		Softball
	Baseball		Equestrian		Track
	Basketball		Football		Volleyball
	Choir		Soccer		Wrestling

I acknowledge that before my child can participate in such school-sponsored sport(s) this consent must be executed by me (us) and filed at the school, together with the result of a physical examination indicating that my child is physically fit to participate in such school sponsored activity.

Date

Name of Parent/Guardian (**PLEASE PRINT**)

Student Athlete's Signature

Parent/Guardian's Signature