

Krum Independent School District Athletic Department
2012-2013 Athletic Participation Consent and Waiver
809 East McCart Street, Krum, TX 76249 (940-482-2554)

Student's Full Name: _____
(LAST) (FIRST) (MIDDLE INITIAL)

Student ID#: _____ Grade Entering: _____ Date Of Birth: _____

Mailing Address: _____

Street Address if Different Than Mailing: _____

Home Phone : () _____ Emergency Contact/Cell Phone: _____

Parent/Guardian Names & Daytime Phone #'s:

Father/Guardian 1: _____ Phone: () _____

Mother/Guardian 2: _____ Phone: () _____

Alternate Emergency Contact: _____ Phone: () _____

Family Physician: _____ Phone: () _____

Insurance Company Name: _____

Insurance Policy I.D. #: _____ Group #: _____

Insurance Company Phone: () _____

Parent / Guardian: If you do not have health insurance on this student, please sign below:

X _____

Please list any pre-existing medical conditions: _____

Current Medications: _____

I hereby give my consent for the above named student to participate in athletics and athletic contests during the **2012-2013** school year and for the authorities to secure emergency medical services in case of injury. As the parent/guardian, I assume all medical expenses. I certify that all the information is true and correct. It is also understood that should the above named student see a doctor about an injury, the student will be unable to participate in athletics until the coach receives a signed release from the doctor.

I/we hereby consent to/authorize KISD health care staff to provide care and treatment of my child's/my injuries. I/We further give our permission for KISD personnel to use their own judgment in providing first-aid, securing medical/health care aid and/or ambulance service when necessary. This consent applies to any school related activity, including but not limited to interscholastic athletics, intramurals, field trips and out-of-town activities.

The undersigned certifies that (1) I/We have read the foregoing, and understand its contents, (2) I am the legal representative of the student and authorized to sign on the student's behalf, (3) I/We do hereby release Krum Independent School District, its Board of Trustees, Administrators, Coaches, Athletic Trainers, Teachers, and other employees of and from any liability in connection with any injury which our son/daughter may receive in connection with his/her participation in said athletics. (4) I/We accept all terms in this agreement/consent form/waiver.

Parent/ Legal Guardian Signature: _____ **Date** _____

JURAT

STATE OF _____

COUNTY OF _____

SWORN TO and subscribed before me by _____ **on this** _____ **day of**

_____, _____.

Notary Public Signature

(SEAL)